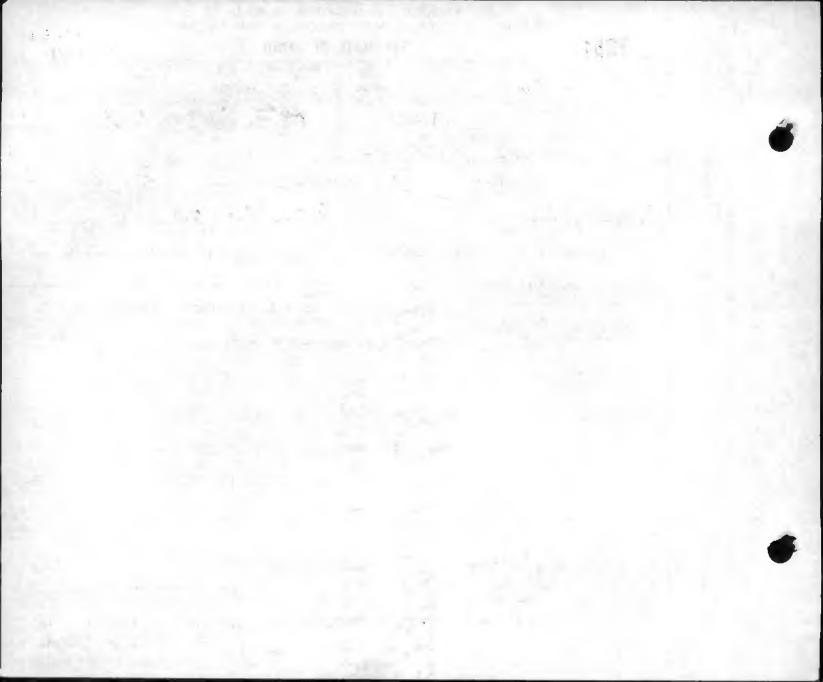
	07251	CERTIFICATE OF DEAT	H	07230
	O. COUNTY TAIBOT	MARYLAND 0. STATE	NCE (Where deceased lived, if institution: Reb. COUNTY	BOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	I week 154	lif outside corporate limits, write RURAL and 2, Eastm, M	0. 201
	d. NAME OF HOSPITAL OR INSTITUTION (11 not in	hospital, give street oddress)  #OSPITAL  d. STREET ADDRES	55	e. IS RESIDENCE ON A FARM? YES NO
	B. NAME OF DECEASED (Type or print)  B. NAME OF First AGNE	Middle Lost O. ANDERSO	4. DATE Month OF DEATH  Month	21 1967
	Temale White	MARRIED NEVER MARRIED 8. DATE OF BIRTH VIDOWED DIVORCED $6/23/$	96 lost birthdoy) Mon	0 28
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE UN F	SEAMSTRESS TALBOT	COUNTY-DARATHUD	2. CITIZEN OF WHAT COUNTRY?
	SAMUEL B. SKINNE	R  14. MOTHER'S MA  HENR'S  16. SOCIAL SECURITY NO. 17. INFORMANT	ETTA CALLAHAN	
	1S. WAS DÉCEASED ÉVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of ser			NGTON, D.C.
	18. CAUSE OF DEATH (Enter only one couse p PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (0), (b), and (c).) Lutas tatic carenismus y	rection	ONSES AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.			
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inju	ry in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	20d. INJURY OCCURRED While Not While of work of work		(County) (Stote
	21. I certify that (I) (this hospital saw the deceased alive an	I) attended the deceased from 14 leave. 1 leave 1947, and that death occurre	d at 1 0 M, fram causes and	19 <u>47</u> , that (1) (we) on the date stated abo
	220. SIGNATURE		MED. STAFF DIRECTOR PHYS.	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) THURSTON	HARRISON 22d. ADDRESS	Jahr Many law	
	230 BURIAL (CREMATION, REMOVAL (Specify) 77 AU 24.19	67 WOODLAWN MEMORIAL PAR		LBOT MD,
1	24 FUNDA DIRECTOR		AY 2 4 1967 Steam	ARS SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate be executed within 24 hour Page 4 may be retained by the hospital or ottending physician.



VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	 HEDERALI PAINS	me mo,		Kroi Ald	
07252	CERT	IFICATE	OF	DEATH	

07231

	G							18648	
1. PLACE OF DEAT	гн				IDENCE (Where			ce before	•dmission
e. Countr	Talbot		MARYLAND	e. STATE	Marvland	b. COUN			
b. CITY OR TOWN	(if outside corporate limits,	c. LENGT	TH OF STAY IN 16		OWN (If outside co	rporate limits, write	Talbot RURAL end giva	neerest to	wnl
	nd giva neerest town)								
	aiborne		40 yrs		Claiborne		3 -1		
d. NAME OF HOSE	PITAL OR INSTITUTION (IF	not in hospital, give s	ireet eddress)	d. STREET AD	DRESS			0. IS I	RESIDENCE
49.40								YES	_ 100
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Ye	er
(Type or print)	SAMUE	L CHAPI	AN BIT	LLEN	OF DEAT	H Me	av 24.	19	67
5. SEX	6. COLOR OR RACE 7			. DATE OF BIRTH	1	9. AGE (In years )			R 24 HRS.
Male				February :	18 1883	last birthday) 84 yrs.	Months Deys	Hours	Min.
	TION (Give kind of work		SINESS OR INDUSTR				12, CITIZEN C	SE WHAT	COLINTRY
done during most of w	vorking life, even if retired)		HILLS OK HADOSIK				iz, cilizeit	VI 111101	COOME
Ret Enginee	I	Ferry Boa	at		nudel Cou	nty, Md.	US.	A	
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME				
Sanuel	C. Bullen			Susi	e Purdy				
15. WAS DECEASED E	VER IN U.S. ARMED FORCE	S7 16. SOCIAL SE	CURITY NO. 17. I			Address			
No.	(11 Aev Blass Matoudeter of ref.)	217-16-	1511 Mm	Dontin	C D.11.	n Claib	anna Ma	1	
	DEATH (Enter only one ca		Mand (d.)	s. Bertie	3. Bulle	n, Claibe		TYLAN	
	TH WAS CAUSED BY:	UN111	Y AIIA	110 11	12/11/1	MALL		NSET AND	
	IMMEDIATE CAUSE (e)	un	11000	willy	W Yr	Hunci	ung 5	2BAC	ch
24.20.1	DUE TO	1000 11	a de . ;	111/11	- 1/2/4	, 1/ //	1	3 . /	
Conditions, if en		1420112	arch	Miller	Mean	1 14	1 1	Ma	en.
gave rise to Imma (a), steting the			/		77,	, ,		1	
cense jast	undariying		ε				0		
	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART I(a)	10 WAS	ALITOPSY
9							LIVE TO THE TOTAL	PERF	ORMED?
5								YES	NO []
OR CONTRIBUTION	WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOV	V INJURY OCCURRE	D. (Enter neture of i	njury in Parl I of Pa	rt II of item 18.)			
3 20c. TIME OF INI	JURY Month, Day, Year	1 20d. INJURY OC	CURRED   20e, PLA	CE OF INJURY (Hon	ne. farm. ' 20f. (C	ity or town)	(County)		(Stete)
20c. TIME OF INJ		While Not W	/hile fect	ory, street, office blo			,,		10.000
p.m.	. 19	at work et w	ork 🔝	1/					
21. I certify	that (I) (this trospital	attended the	deceased from	4 176kg	19 leg to	29/16h	1962	that (I)	(wo) las
saw the dece	ased alive on 25/1	M/LK 19.	62, and that			m the causes a	and on the da	te stated	above.
220 SIGNATURE	1/1	111	-6						b. DATE
KTN	11111/1/1/1	11/1/	M	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	5	-25	SIGNE
22c. PHYSICIAN	gunn/i	NUY	M.	22d. ADDRES				-201	60/
NAME (Typ	-1	ROTH, M. 1	D		t. Michae	ic Mary	land		/
23a. BURIAL, CREMA REMOVAL (Specify	TION, 236. DATE THEREC	OF 23c. NA	ME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, low	vn or county)		Stele)
Brial	May 27, 1	967 Wood	lawn Ceme	tery	Eas	ton, Mary	yland		
24 FUNERAL DIRECTO	77	Apple	DRESSA		ie. REC'D BY REGI			TURE	
5/- 11:11	1 200.611	11/hm	chandle	MI A	MAY 26 1	967 000	isula le	der	
garuson	granara	421.14	- Carron,	THE W	46 1	001			

18577 Jan Jerus MALANE MALENCE ATLANT THE PRODUCT OF LOND OF STREET 3/21/1 . W. Character and Test Land TOURAND DE minute in the state of the stat test risk formation, making a list out likewaying week La Lynn, electric, st printing the same that the sam - 1 - 12 The second of the second of the second

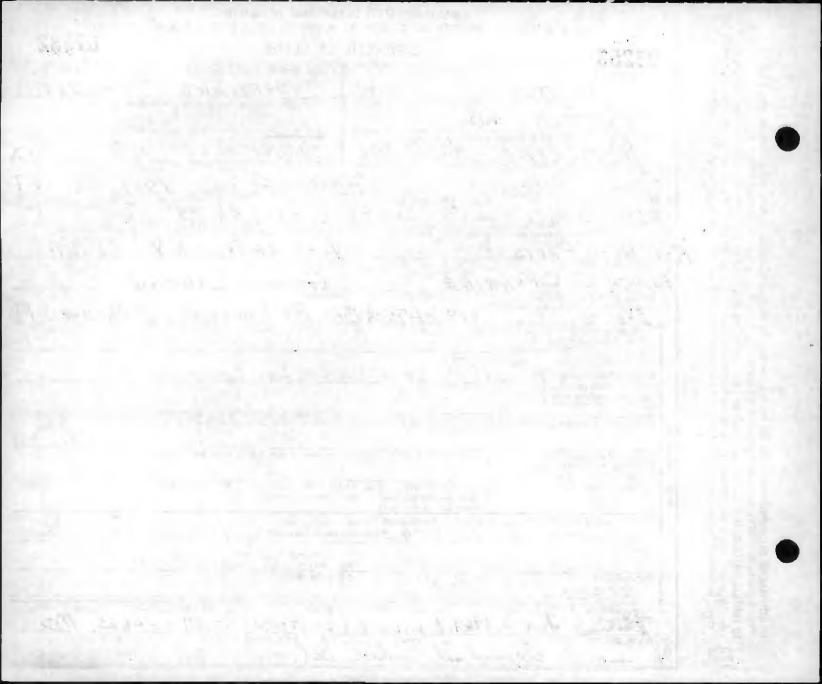
	MAKTLAND STATE DEPARTMENT OF REALTH										
Dis	vision of STATISTICAL	RESEARCH	AND	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

1		Division of STATISTIC	AL RESEARCH AND RECORDS, 30	1 W. PRESTON STREET	, BALTIMORE, MARYLA	
	07253		CERTIFICATI	OF DEATH		07232
	PLACE OF DEATH     G. COUNTY	TAlhot	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution b, COUNTY	
	b. CITY OR TOWN Write RUPAL	(If autside carparote limits, nd give nearest town)	M.D. C. LENGTH OF STAY IN 36	. c. CITY OR TOWN (If autsic	de corporate limits, write RURAI	L and give nearest town)
7	10-11	M	n haspitol, give street oddress)  HOSPITBL	ST. MIC	MAFLS, N	nd. e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	EDWAK	20 CH	ANNING 4	OF Month	4x 30 1967
	male_	white 7	MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 12-02-0-		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
K	during most anyorkin	ON (Give kind of work dane g life, even in refired)	10b. KIND OF BUSINESS OR INDUSTRY	NIAGARA	FALLS, N.Y.	12, CITIZEN OF WHAT COUNTRY? S. A.
	13. FATHER'S NAME ELMER	C. CHAN	NING	14. MOTHER'S MAIDEN NAM	LAHMAN	/
	15. WAS DECEASED ET	VER IN U.S. ARMED FORCES? ) (If yes give wor ar dates of so	16. SOCIAL SECURITY NO. 17.	INFORMANT ORS. E.C.Ch	ANNING ST	MICHAELS M
		DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MIIOLBANDE	al hope	relion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if on rise to immedia stating the und last.	ote couse (a),	sklewfel	erolee.	Coronar	7
	PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTION	AS UNDERLYING  IG CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t I ar Port 11 of item 18.)	
	Hour o	JJURY Month, Day, Year a.m. a.m. 19		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City ar tawn)	(County) (State)
		deceased alive ans	tal) attended the deceased fram= 30 1962, and the	ATTENDING - MI	ED. STAFF	, that (I) (we) los nd an the date stated abave 22b. DATE SIGNED
ĺ	22 C PHYSICIAN NAME (Ty		Redser	D. PHYS. 22d. ADDRESS	icheeg	nd
	230. BURIAL CREMAT	TION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY  EMETERY	23d. LOCATION (City or Town	M-
	24. UNERAL DIRECT	OR Eden	and At Merhan	25a. REC'D B		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

completely filled in by the funeral move farbon papers. Pages 1 and we every, within, 72 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the altending physician an director, page 3 shauld be detached for use as the burial-transit permit. Then please reneshould be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in a VR A15 (4) 20 M 1/66



15M 7 61

## MARYLAND STATE DEPARTMENT OF HEALTH

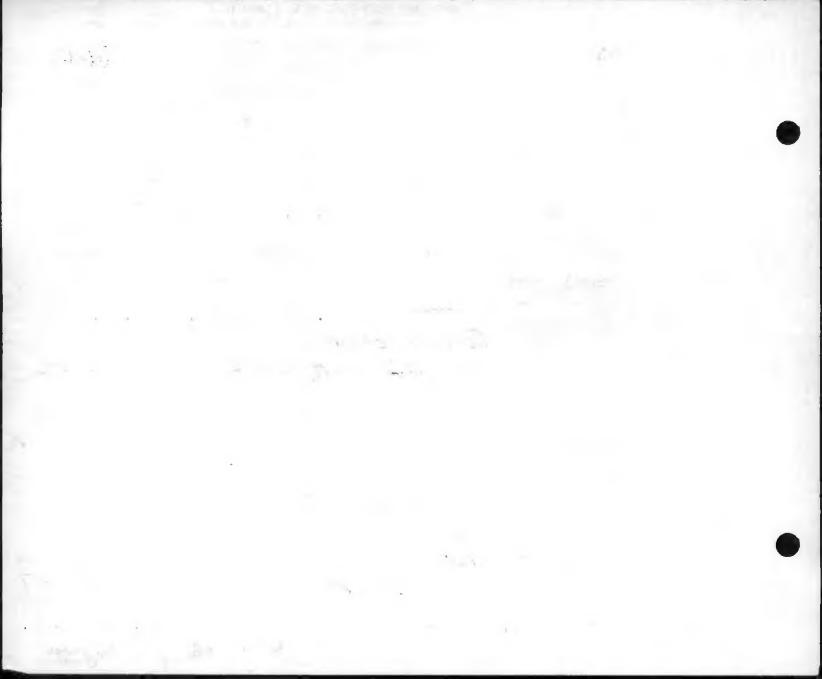
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07954

I. PLACE OF DEATH /			institution: Residence before edmission							
Talbot MARYLAND	a. STATE Man	ryland b. cou	Telbot							
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 18			a RURAL end giva neerest town)							
write RURAL and give nearest fown)  EASTON  5yr.2Mo.28I	229 S.	Washington	St. sol							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS		a, IS RESIDENCE							
HOUSE IN THE PINES-EASTON. MD.	Peaton	Maryland	YES NO							
NAME OF First Middle	EASCON,	4. DATE Mont	1 hard galant							
(Type or print)  Edna ERAUGH	Clark	OF DEATH 5	9 1967							
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER I YEAR   IF UNDER 24 HRS.							
Female White WIDOWED X DIVORCED	6-30-1885	last birthday)	Months Days Hours Min.							
e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY							
RETIRED HOUSEWIFE	BALTIMO	REC. MA	4.5.A							
. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME								
MCKENDREV EBAUGH	ABNES	HOUCK								
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		Addras								
es, no, or unkown) (If yes give war or dates of service)	/	TB.	To Wh							
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	MAWRENCE	EL. DIRGE	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (a) yelonipunt	7		3 weens							
DUE TO										
Conditions, if any, which (b)										
gave rise to immediate cause  {e}, stating the underlying  DUE TO										
causa last. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY										
arteroxelerorio astroarchietto										
20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.) OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED   20a. P	LACE OF INJURY (Homa, far	m, 20f. (City or town)	(County) (State)							
Hour a.m. Whila Not Whila p.m. 19 at work at work	actory, street, office bldg., et	c.)								
21. I certify that (I) (this hospital) attended the deceased from	a Chily	1963, to 9 ma	7, 1967, that (1) (we) las							
saw the deceased alive on 9 may 1967, and the	at death occured at	M. from the causes	and on the date stated above							
228. SIGNATURE			_ 22b. DATE							
Ath Can	M.D. PHYS.	MED. STAFF PHYS.	9 man 67 SIGNE							
220. MYSICIAN'S	22d. ADDRESS									
NAME (Mype) Stephen P. Carney, M.D.		P.O. Box 929,	Easton, Md.							
BURIAL CREMATION, 236. DATE THEREOF 236. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)							
REMOVAL (Specify) WAYIN, 1967 SDRING	11	EASTON	Mo							
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE							
Weller Warn Cools	1 / ANDATMI	AY 1 2 1967 /	Charles Judge							
- CU - Gurus			0 0							

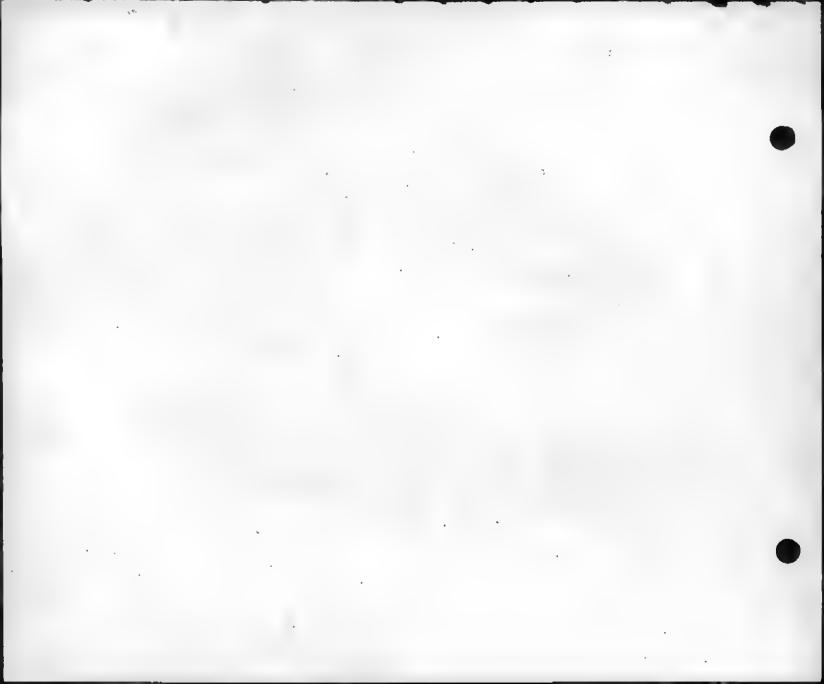
61,300 to the total THE CONT 201202 TARTHER METERS OF SELECTION OF SET IN SHIPMARKING TE., charge in protect . So of 1945 and the second series place The ball of the second and the second as well as the San Sist Contract of v scopen in district, in his Indiana take and the second second

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FO	R STAT			07255		MEDI	CAL EXAMI	NER'S	CERTIFICATE	OF DEATH	{	n		7
IF A	TH DE	RT./I		LACE OF DEATH					2. USUAL RESIDENCE	/Where decenses	lived if institut	ion - Residence	helore odr	noissinn
Si	8 4	IVI		COUNTY	160 t				o. STATE		b. COUI	NTY		/
	Pag	8	\$	CITY OR TOWN (If out		-	c. LENGTH OF STAN	RYLAND	C CITY OR TOWN (If	yland	Circles coults DIII		oline	- V
delay	PM3. Page	- P		write RURAL ond give			Da A	IN ID			ilmits, write kui	KAL ONG GIVE	Hadiezi lowi	1)
20	P.N.	afte		FOSTO>		to because of	3,0,17		d. STREET ADDRESS	t/on_		0.5	T a IS B	ESIDENCE
- E	De 3	E 79	(	NAME OF HOSPITAL OR	INSTITUTION (IT NOT	in nospiroi, gi	ve street oddress)		100				ON.	A FARM?
h.	o to	Nours after deam	2 1	1 cmor	0/ 1/0	Spoila	/		RFD #1	1				NO 🗌
Give Page	> 9	R)	- 1	IAME OF ECEASED	V-/ First		Middle	/	lost	4. DATE OF	Mont		Doy	Year
P. P.	5 2	ig/	S. 5	Type or print)	OLOR OR RACE	7 HADDIED E	TE NOTE MADE	(1	B. DATE OF BIRTH	DEATH 9.	AGE (In years	IF UNDER 1	_	19 6 / DER 24 HRS.
0 00	× 0 3	ot within	J. ,	F	W	7. MARRIED [ WIDOWED [	NEVER MARRI		Feb. 28, 18		lost birthdoy)		Doys Hou	
haurs	Office and 2	event		USUAL OCCUPATION (Give			D OF BUSINESS OR		11. BIRTHPLACE (Stot	e or foreign cou	ntry)		ZEN OF WHAT NTRY?	la constant de la con
24			QUIII	Housewo		INC	Home		Maryla	nd			SA	
	niner's pages	in any	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
within	0	0		Purnel	1 Towers				Jenn	ie Todd				
- pa	X E			WAS DECEASED EVER IN U	S. ARMED FORCES?		OCIAL SECURITY NO.	17.	NFORMANT		Addre	228		
cut	Medical permit.	DVO	110	No	give wor or dores or	-			T. Sidney	Collin	s. Dent	on. Md		
This certificate shauld be executed within forth writing the word "needing" in pencil				18. CAUSE OF DEATH PART I. CEATH WA	S CAUSEO BY:	Conv	o), (b), and (c).) ONRVY	nor	/				INTERVAL ONSET AN	
a plan	a the Chief burial-transit	ian, o		4201 Conditions, if ony, whice	IMMEDIATE CAUSE (c	,	costi	0/2	at his	LAR.	-		more	41.
te sh	ta t	mat		rise to immediate cou	se (o), (		of East	4 VC	ar your.				1 148 46	Hed
cate	ded as a	cre		stoting the underlying lost.	conze	1	٧					-		
certificat	arward used a	ria	_	PART II. OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING TO	DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART I(o)		19. WAS /	UTOPSY
S Ce	fary US	ta bu	TION		_								YES T	RMED?
ER: This	be f	ar to	CERTIFICATION	20o. EXTERNAL CAUSE W PRIMARY ☐ or CONTRIB	AS	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port 1 or Port	l of item 18.)			
orcal examiner:	should b files. 3 should			CAUSE OF DEATH.	) IIII									
N a	3=5	_	MEDICAL	20c. TIME OF INJURY A	lonth, Doy, Yeor	1	URY OCCURRED  Not While		CE OF INJURY (Home, for ory, street, office bldg., et		(City or town)	{Coun	tγ)	(Stote)
KAN	dani dani	00	M	p.m.	19	While of work	ot work L	H		·				
E E	Pac	designated		21. I certify the	t I took charge	of the rem	ains described	abave, he	ld an Autopsy	Inspection	n 🔀 , Inqu	Jiry 🔲,	and in m	ny opin <del>i</del> ar
A Y	C 0 0	igno		death resulted f	om: Noturol	couses 🔀	, Accident	], Suic	ide, Homicid	e . Und	letermined m	anner 🔲		
LE CO	director stained DIRECT	des	-	ACTUAL S	1	n V	met.		CHIEF MEDICA	L EXAMINER	_		00 0	
2 - E	P de la	₹.		SIGNATURE	1 pins	( ) / VIL	ery			DICAL EXAMINER			22. DA	ATE SIGNED
O DEPUTY ME	e funeral director. Page 4 may be retained for yaur FUNERAL DIRECTOR: Page	th a		EXAMINER'S NAME (Type)			- INE	LIT	DEPUTY MEDI Address (Stre	CAL EXAMINER et, city, town, or			2-7	47
O D	5 te	Health	230.	BURIAL, CREMATION,	23b. DATE THER	EOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOC/	TION (City or To	wn) ((	County)	(Stote)
Ĕ	- 5.0	TAI		REMOVAL (Specify) Burial	May 5.	1967		est (	Cemetery	Fede	ralsbur	g, Car	oline	Md.
	VD 41614	A Ji		FUNERAL DIRECTOR		4 .	ADDRESS		2So. RE	D BY REGISTRA	25b. RE	GISTRAR'S SIG	SNATURE	
	VR A15ME	(3)	1	Franch	4	111	Jr. /	1.0	22/ MA	TX' 16	167 PC	lande	unda	2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 07256 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) by the Pages 1 a' a. COUNTY b. COUNTY MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hillurs ON 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS IS RESIDENCE ON A FARM? NO DA exacuted within nding physician and completely. Then please remove carbon is removal, and in any event, with NAME OF First DATE Month Day Year DECEASED COUINGION (Type or print) DEATH SEX 6. COLOR OR RACE . 8. OATE OF AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO **NEVER MARRIEO** 9. last birthday) Months Hours ৰ্ব WIDOWED OIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the duath certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME been signed by the attending the burial-transit permit. They by to burial, cremation, or reme 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address (Yes, no, or unknown) | (If yes pive war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND/DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Cenditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the prior underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use F Health p r this certificate I detached for use te Dept. of Health PERFORMED? CERTIFICAT the hospital or YES AT NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) DIRECTOR: After that age 3 should be defined with the State D factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. at work at work attended the deceased from 21. I certify that (i) , 19 4 to. that (i) (we) last and that death occurred at 142 saw the deceased alive M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO O FUNERAL DIRE director, page 3 should be filed w þ ATTENDING PHYS. STAFF DIRECTOR PHYS. 4 may O HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) SURIAL, CREMATION, DATE THEREOF 23b. NAME OF CEMETERY (State) LOCATION (City, town-or county) | REMOVAL (Specify) 2 1 ax FUNERAL OLRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE REC'O BY REGISTRAR 196 VR A15 (4) 20M 1/65



VR A15ME (5) 6M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97257 MED	ICAL EXAMINER'S	CERTIFICATE OF DEA	ATH	0723	36
1 PLACE OF DEATH		2 USUAL RESIDENCE (Where dec			are admission)
d. COUNTY Talbot	MARYLAND	o STATE Maryland		tar	oline /
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Easton	c. LENGTH OF STAY IN 16	c CITY OR TOWN (i outs de corp Federals	orate limits, write RURAL burg – Rura		est town)
d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, s Memorial Hospital	g ve street address)	d STREET ADDRESS Smithvil	le Road		e IS RES DENCE ON A FARM? YES & NO
3 NAME OF First . DECEASED (Type or print)	Middle Ctap	Dout Sci J DAT	play.	Do / 2	ay Year 8 1967
S SEX 6 COLOR OR RACE 7 MARRIED WIDOWED	THE MAKEET IN	8 DATE OF BIRTH 4-12-59		F UNDER 1 YEAR Manths Days	
during most of work no life, even if retired) N	ND OF BUSINESS OR DUSTRY OLIC School	11 BIRTHPLACE (State or fore gr		12 CTZEN ( COUNTRY しら、	43
13 FATHERS NAME JUHN 0715	D. w.on	14 MOTHERS MA DEN NAME	c. W-LA	klen	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates all service)		NFORMANT Otis Dawson, F	Address ederalsburg	, Md.,	RFD
IB. CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) - ASS	(a) (b) and (c))			1 11	NTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave ) DUE TO	External he				inutes
stoting the underlying cause (a), stoting the underlying cause (c) Fra	cture of the	skull			inutes
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200 EXTERNAL CAUSE WAS 200 DE	TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE COND T ON G	VEN IN PART 1(0)	19	9 WAS AUTOPSY PERFORMED? YES NO
FRIMAPA OF CONTRIBUTING CAUSE OF DEATH	scribe how injury occurred out in from	(Enter nature of in ury in Port or it of one	Port II of item [8] bid come I ves	.le	
	MJURY OCCURRED 20e PLA  NorWhile	OF IN, URY (Hame, farm, 20 of, street, office bldg, eth) a d e 1	t (City or town) celabubg C	(County) Caroli	(State) en M
21. I certify that brook charge of the rer	nains described above, he		ctian 🗶 , Inqu'ry		nd in my opinio
death resulted from Natural causes	, Accident xd, Suice	ide, Hamicide,	Undetermined mani	ner	
ACTUAL SIGNATURE	Line	M.D ASS STANT MEDICAL EXAMINE	WINER [		22. DATE SIGNE
examiner's harold 3.1 lumner		DEPUTY MEDICAL EXAMIN Address (Street, city, tov	en, or county) Pres	ston	5/19/67
230 BURIA (REMATION, REMOVA) (Specify) 23b. DATE THEREOF May 21,1967	23c NAME OF CEMETERY OR Hill Crest C		LOCATION (City or Town)		(State)
24 FUNERA PRECTOR Granupten /1	ADDRESS deralsburg Ma	250 REC D BY REG	ISTRAR   2Sb REGIS	TRAP C SIGNAL	udge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o COUNTY o. STATE P COUNTA Page death. ō MARY, AND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b C.TY OR IOWN (If outside corporate im.ts, E LENGTH OF STAY IN 16 write RURAL and give nearest taxan) after Claymont. e IS RESIDENCE d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital a ve street oddress) ON A FARM? along with form hours 2011 . inco n YES NO FE e Stote | 72 hour DATE Year 3 NAME OF First Middle lost OF DECEASED the 7- 196 within DEATH (Type or print) with 1 FINDER 1 YEAR IF UNDER 24 HRS 9. AGE ( n years B DATE OF 8 RTH 5 SEX 6 COLOR OR RACE NEVER MARRIED 7. MARRIED 62 yrs Female 7-25-1884 WIDOWED DIVORCED event 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 1Do USUAL OCCUPAT ON (Give kind of work done IDE KIND OF BUSINESS OR COUNTRY? during most of working life even fretired) NDUSTRY Birmhiaminghan Eng. any ome. Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Frekelton Harry Clowes. Œ Clay Address Del. 17 INFORMANT 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO Chief Medicol (Yes, no, or unknown) (If yes give war or dates of service removal, "pending" Fric R. Norton 2611 Lincoln ave No. 163 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pummonery Edema due to chronic cremotion, congestive heart failure from Arte iosloter-Conditions, if any, which gave rise to immediate couse (a), forworded to beart disease with hypertension. stating the underlying couse ?10-15 vr 19 ' WAS AUTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) "Grni a Hiatus please execute the certificate, NO X pe 4 should be 2Do EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) agent, prior PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH 2De PLACE OF INJURY (Home, form. (Stote) 2Dd INJURY OCCURRED (City or fown) (County) 2Dc TIME OF INJURY Month, Doy Year Not While factory, street, office bldg., etc.) YOUR Hour o.m. While of work of work designoted Inquiry 🛣 21. I certify that I took charge of the remains described above, held an Autopsy ..... Inspection (x) and in my opinion Notural couses X . Accident . Suicide Hamicide Undetermined monner funeral director. deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K **EXAMINER'S** 3.1 Harold 'ummer M.D. Address (Street, city town, or county) moy NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 116 23o BURIAL CREMATION. 23b DATE THEREOF 0 Buri 1 Gracelwwn - emorial New Castle. 250 REC'D BY REGISTRAR 2Sb REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR 7 /

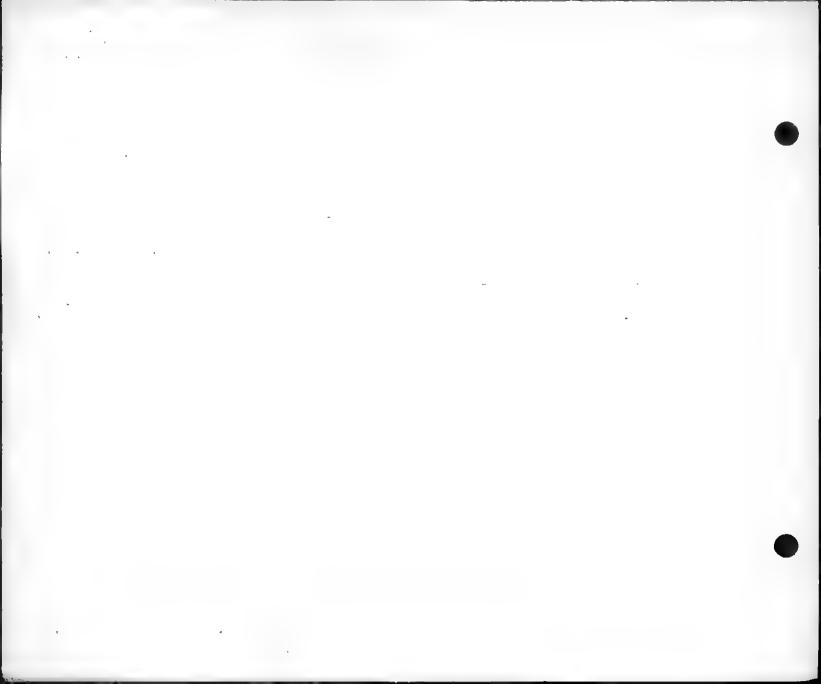
VR A15ME (5)

6M 1766

24 hours ofter death

This certificate should be executed within

DEPUTY



MÄRYLÄND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(Ng)	07259 CERTIFICATE OF DEATH 07239
heurs after death f by the funeral s. Pages 1 ond.	PLACE OF DEATH O COUNTY  A / B / C   STATE   D COUNTY  MARYLAND   C   STATE   D COUNTY   C   C   C   C   C   C   C   C   C
1 24 hours aft	write RURAL-anit give negrest town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  MEMORIAL HUSPITAL  VES NO SESIDENCE ON A FARM? YES NO SESIDENCE ON A FARM?
ecuted within 24 completely fulled ove corban paper y event, within 7	3 NAME OF DECEASED (Type or print)
that the death certificate be executed within 24 hours after ion.  by the ottending physician and completely fulled by the furthousit permit. The please remove corban papers. Pages 1 cremotian, or removal, and in any event, within 72 hours after	100 USUA. OCCUPATION (Give kind of work done during most of working life, even if retired)  100 USUA. OCCUPATION (Give kind of work done during most of working life, even if retired)  110 USUA. OCCUPATION (Give kind of work done in District Country)  111 BIRTHPLACE (Country & Stote, or foreign country)  112 CITIZEN OF WHAT COUNTRY?  113 FATHER'S NAME  114 MOTHER'S MAIDEN NAME
the death certical controls of the certical controls of the certical controls of the certical controls of the certical c	GEORGE HENRY EATON MARY EMMA BROWN  15 WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 216-03-7436 MRS. W. BROWN EATON, SR. HILLS BORD, MD.  18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (d)
equires physic signed burial- burial,	18. CAUSE OF DEATH (Enter only one couse per line (os (o), (b) ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse (o), lost.  (c)  18. CAUSE OF DEATH (Enter only one couse per line (os (o), (b) ond (c).)  DUE TO  DUE TO  (b)  DUE TO  (c)
ICIAN: The law repitol or attending rifficote hos been ald for use as the of Health prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19 WAS AUTOPSY PERFORMED? YES \( \subseteq NO \( \subseteq \)
PHYS ne hos this ce	20c TIME OF INJURY Month, Day, Year While Not While foctory, street, office bldg., etc.)  20d INJURY Month, Day, Year While foctory, street, office bldg., etc.)
IDINO J by After J be	21. I certify that (I) (this haspital) attended the deceased fram 19 kmg, 1967, that (I) (we) last saw the deceased alive an 19 kmg, 1967, and that death occurred at 50 M, fram causes and an the date stated abave.  220. SIGNATURE
A may be NERAL DIE CO., page filed be filed	22c. PHYSICIAN'S NAME (Type) PHORSTON HARRISON 22d ADDRESS Language
	REMOVADISPECTIVI MAY 22.1967 GREEN MOUNT CEMETERY HILLS BORD CAROLINE MD.  24. FUNERAL STRECTOR 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNAFURE
DING PHYS by the hos After this ce be detache Stote Dept.	20c TIME OF INJURY Month, Day, Year Hour's m. p.m. 19 of work



MARYLAND STATE DEPARTMENT OF HEALTH ACCUATION CAL DECEADOU AND DECORDS 201 W DECTON CIPIET DAITIMODE MADVIAND 21201

9726		CERTIFICATE	OF DEATH	ei, balimore, marilai	0 Z1201 0 Z10 / 0
1 PLACE OF DEATI				Where deceased lived, if institution	Residence before admission)
o. COUNTY	lbot	MARYLAND	o STATE Mar	yland b county	Talbot.
b CITY OR TOWN	I (If outside corporate limits,	C LENGTH OF STAY N 16		tside corporate limits, write RURAL	
Rura 1	St. Michaels	11 yrs.	Rural St.	. Michaels.	
	PITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS	1120100204	e IS RESIDENCE ON A FARM?
			Broad	view!	YES NO
3 NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Ralph	M	Ferry	DEATH May 23.	1967. 19
S. SEX	6. COLOR OR RACE 7. MAR	RIED 🚹 NEVER MARRIED 🔲	8. DATE OF BIRTH		FUNDER I YEAR   IF JNDER 24 HRS. Nonths Doys Hours Min.
Male	White WIDO		ct. 14,18	88   78 yrs	
	ION (Give kind of work done 1) ng life, even if retired)	Ob KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Retir	ed A	luminum Co.of		field. Mass.	U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN I	NAME	
	d G. Ferry		Emma S		
15 WAS DECEASED I	EVER IN J.S. ARMED FORCES?  n) ((If yes give wor or dotes of service)		NFORMANT	Address	
		176-09-9736A	Mrs. R M	Ferry St. Mi	chaels, MD,
PART 1. D	DEATH (Enter only one couse perty EATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)  DUE TO	(distribution), and (c))	no Julys	lind Rudu	INTERVAL BETWEEN ONSEL AND DIATH
rise to immed stating the un last	ny, which gave iote couse (a), derlying couse (c)	arinana arinana	ruuggi OH KU	Ucreus	beller
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	NAS UNDERLYING ☐ 20 NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in		
Hour	o.m. 19 o	While Not While fact	CE OF INJURY (Home, form ory, street, affice bldg., etc.)	· · · · ·	(County) (State)
saw the	decepted alive an ZZ/	of the deceased from 1962, and that	t death occurred at	96/ to 25/11/12 4:054M, fram causes of	
22c, PHYSICIA NAME (T)	Taul (V)	holly M.	D ATTENDING PHYS 22d. ADDRESS	MED STAFF DIRECTOR PHYS	22b DATE SIGNED 5-23-67
23 g BURIAL, CREMA REMOVAL (Spec	tion, 23b date thereof May 23.1	967 Pittsfiel		23d LOCATION (City or Town) Pit tsfiel	
24 EUNERAN DIREC		ADDRESS E	2 4 4 4	OF REGISTRARC 7 256/- REGIS	

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the traces director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbary papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event. If this 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37261 CERTIFICATE OF DEATH requires that the demit certificate be executed within 24 llaurs mitm dmath and completely filled in by the funeral fremove carbon papers. Pages 1 and I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY MARYLAND c. LENGTH DE STAY IN 15 CITY OR TOWN (If autside carparate limits, corparate limits, write RJRAL and give negrest town) write RURAL and give nearest town) busch Hill, Mb d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO DE NAME OF Middle Frst Last DATE Manth Day Year DECEASED OF remays carb 1967 (Type or pant) DEATH IF JNDER 1 YEAR SEX AGE IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** (In years last b rthday) Months Days Haurs DIVORCED 10a USUA: OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician of hen please during most of working life, even if retired)
HOUSE NIFE COUNTRY? USA INDUSTRY >LAND 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME ar removal, the attending physical permit. Then g ANK 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, na, ar unknown) (If yes give war ar dates af service cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. **DUE TO** Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause attending has been detached for use as the te Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO by the haspital or this certificate 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. While Nat While factory, street, affice bldg., etc.) ATTEMBING TO FUNERAL DIRECTOR: After at wark at wark þe 1967, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased from S be retained director, page 3 should should be filed with the saw the deceased alive an 5--5 and that death accurred at 2.30 M, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. 22t PHYS.CIAN S NAME (Type) Carne M. D. Marvland Page 4 may 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF CHURCH ADDRESS VR A15 (4) 20 M 1/66



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

25		07262	CERTIFICATE	OF	DEATH		07242	
funerol funerol fer deoth		PLACE OF DEATH  a. COUNTY  A Dot	MARYLAND	a S	MARY	here deceased lived, if institution b. COL	INTY DEED	ANNES
24 hours of ed in by the apers. Pages 172 hours of		b. CITY OR TOWN (If outside corporate limits, write RURAL and give periest town)	3 WEEKS	c ( Ty	CENT	s de corporate limits, write Rt		e IS RESIDENCE
hin 24 th	3	NAME OF HOSPITAL OR INSTITUTION (H not in )	65 D. F.A. Middle	i .	CALROAC	AVE Mar		ON A FARM?  YES NO 12
ured wit	L	(Type or print) () Rail	KAYMOND +		en V	OF DEATH 5  9 AGE (n years lost birthday)	IF UNDER 1 YEAR Months Doys	1967 IF UNDER 24 HRS
requires that the deoth certificate be executed within 24 hours after a physicion.  I signed by the attending physicion and completely filled in by the further permit. Their please remove carbon papers. Pages 1 a buriol, cremation, or removal, and in any event, within 72 hours after	10d	US AL OSSUBATION (Construct of construct of	10b KIND OF BUSINESS OR	11 BIE	RTHPLACE (County &	\$tote, or fareign cauntry)	12 CTIZEN OF COUNTRY?	Haurs Min
ertificate physicio nen pleo novai, on	13	ring most of working life, even freitred)  ALES KEPRESENTATIVE  FATHERS NAME  TAMES Richard	FREENU	14 MC	SVILLE WIC OTHERS MAIDEN NO MARCHA	ELLEN TRE	witt	<i>St.</i>
deoth c ittending ermit. Th	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, grunknawn) (If yes give war ar dates af serv	rice) 16. SOCIAL & CURITY NO. 17. 11.	NFORMA C, B	ERNICE F	1. FREENY CE	NTREVILLE	MJ, 2164
that the on. by the c transit p		18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	or line for (0), (b), and (c)) Gram negat	ئىد	e bac	teremin	NO NO	ERVAL BETWEEN SET AND DEATH
low requires nding physici been signed s the buriol-ior to buriol,		Conditions, if any, which gove nse to immediate cause (a), stating the underlying cause	Obstructive u	re1	ting	due to Peni	an wrest	tic m
The offe hos se of h pr	NOLLY	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T		IINAL DISEASE CONC	DITION GIVEN IN PART 1(0)	19 y	WAS AUTOPSY PERFORMED? ES NO
日本を	AL CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (					
DING PHYS by the hos ffer th's ce be detoche Stote Dept	MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour o.m. 19	While Not While foctor	ry, street	IURY (Harne, form, t, office bldg., etc.)		(Caunty)	(State)
		21. I certify that (1) (this haspital saw the deceased alive on 5	19 67, and that	death	accurred at	35 M, fram causes	and an the dot	
		Robert W. Ty  221 PHYSICIAN'S NAME (Type)	rever MD	PHY:	3101110	MED STAFF DIRECTOR PHYS [		
O HOSPITAL Poge 4 moy O FUNERAL director, pog	23	BENIAL GREMATION, 23b DATE THEREOF	23c, NAME OF CEMPTERY OR C	REMATO	ALK	23d. LOCATION (City or To	own) (County	Md.
VR A15 (4) 25M 1/67	7	4. FUNERAL DIRECTOR BOND BOND	Bers Contravella	na	250 RECD DAMAY	BY REGISTRAR 25b R	EGISTRAR'S SIGNATUL	uge.





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edm ssion) a. COUNTY TALBOT h. COUNTY MARYLAND LENGTH DE STAY IN 16 and b. CITY OR TOWN (il outside corporate limits. c. CITY OR TOWN (II outside corporate limits, write RURAL and give neerest town) à write RURAL and give nearest lown) Denton. Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS PINES -EASTON. MD. completely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH c Ma with Carbon 5. SEX 6. COLOR OR RACE 8. DATE OF AGE (In years I IF UNDER 1 YEAR 7. MARRIED THEYER MARRIED and last birthday) Months WIDOWED physician Гещоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore an country) done during most of working life, even if retired) 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) | (If yes give we rordates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) DUE TO aftending peen Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying has cause last. PHYSICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19, WAS AUTOPSY prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached MEDICAL 2Dc. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer ZOo. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. While Not While et work et work TOR D.m. 21. I certify that (I) (this hospital) attended the deceased from ..., 196 saw the deceased alive on..... 22a SIGNATURE ATTENDING. MED. death. Page 4 director, page 3 be filed with the DIRECTOR PHYS. PHYS. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Carney, Easton, Maryland tephen DATE THEREOF OF CEMÉTERY OR CREMATORY 23c. NAME (City, town of county) 24 FUNERAL BIRECTOR'S VR A15 (4) 19

RYLAND STATE DEPARTMENT OF HEALTH

Caralina

Day

. IS RESIDENCE ON A FARM?

YES NO T

6

Yes

19

IF UNDER 24 HRS.

OF WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

5 down

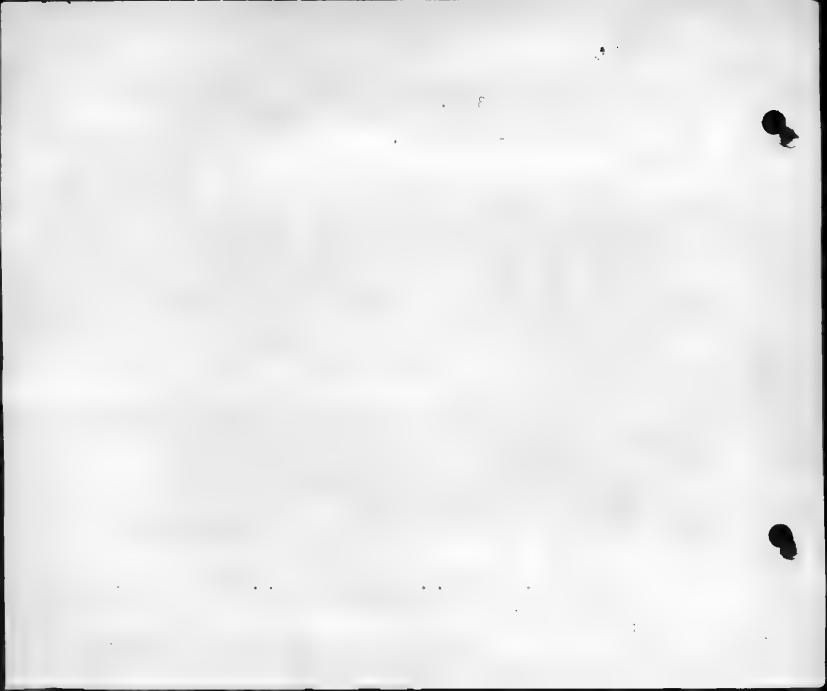
PERFORMED? NO

(Stelle)

22b. DATE

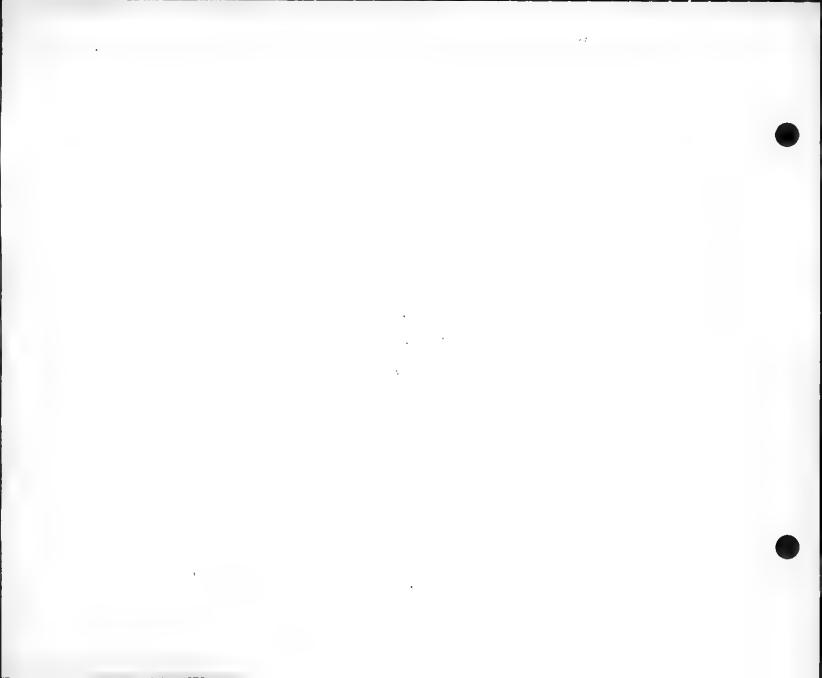
(Stote)

.\_l, that (1) (we) last



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) p. COUNTY -o STATE b. COUNTY MARY, AND delay b CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 outside corporate fimits, write RURAL and give nearest town write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO DY 8. Give Pages e Start 72 hay YES This certificate shauld be executed within 24 haurs after death alang with NAME OF First Midd e 4 DATE Month Ooy Lost Year DECEASED OF within (Type or print) DEATH WITH SEX 6 COLOR OR RACE AGE ( n years IE UNDER 1 YEAR 7 MARRIEO NEVER MARRIED lost birthdoy) Months Ooys Hours W DOWED DIVORCEO event OCCUPATION (Give kind work done 10b KINO OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY any NON e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiners pages 13. FATHER'S NAME Ε FILE and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI removal (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per lin) PART I DEATH WAS CAUSED BY P IMMEDIATE CAUSE crematian, OUF TO revecce a neurysm Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 lost. burral, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS OF THE PART 1(a) WAS AUTOPSY PERFORME 0? certificate, YES NO pe 4 shauld be 20o EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) pridr shauld PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL agent, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c. TIME OF INJRY Month, Ooy, Year (City or fown) (County) (Stote) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not White of work Health or its designated 21 I certify that I tack charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from. Natural causes Surcide the funeral director Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** NAME (Type Address (Street, city, town, or county 23b DATE THEREOF 23d. LOCATION (City or Town) BURIAL, CREMATION (County) (Stote) 0 REMOVAL (Specify) 0-67 EAWOOD-24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15ME (5) Clima

MARYLAND STATE DEPARTMENT OF HEALTH



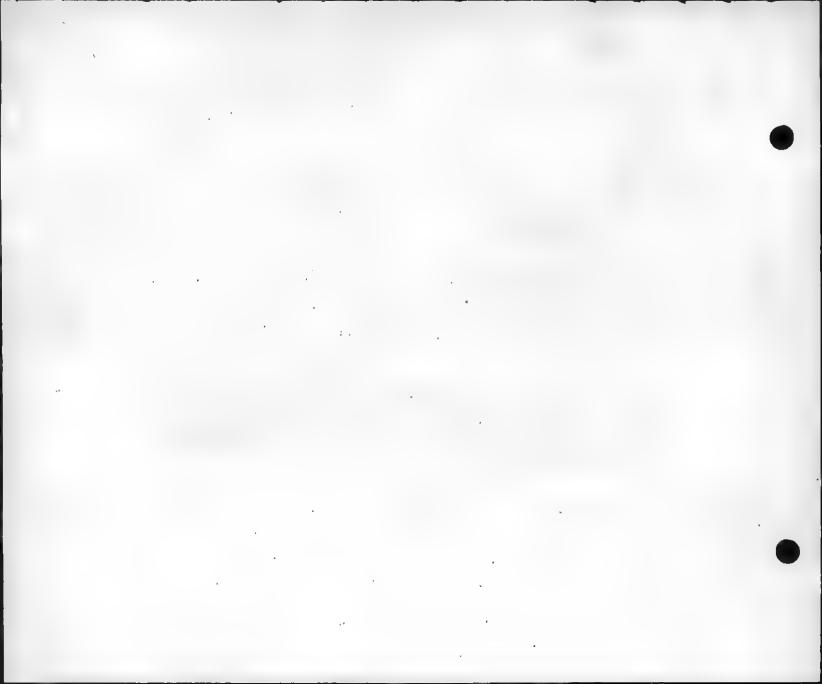
TO NOSPITAL BRENTERNING ENVIRORM: The law requires that the death curtificate he emented within 24 hours after duath.

Tage 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please removed monopores. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haves after the state of the state of

> VR A15 (4) 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND								
	Tt pest 2 (c. 1, a); 12885 / 15 (b) no	E OF DEATH	, , , , , , , , , , , , , , , , , , , ,	07246					
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where de		: Residence before admission)					
	TA160T MARYLAND	a. STATE	b. COUNTY	ALBOT					
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside cor	porate limits, write RUR	AL and give nearest town)					
_	E45701 13dAus 12h	EASTON	/						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRÉSS		0. IS RESIDENCE ON A FARM?					
_	Memisial Hospital			YES NO					
3.	NAME OF DECEASED	Last 4. DATE DF	Month	Oay Year					
5.	SEX 6. COLOR OR RACE   7. MARRIED TO A NEVER MARRIED TO	8. DATE OF BIRTH 19.		FR 1 YEAR IF UNDER 24 HRS.					
	-EMALE Negro WIOOWEO DIVORCEO	10-20-1894		s Days Hours Min.					
	USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State		CITIZEN OF WHAT					
dui	Ing most of working life, even If retired)  INDUSTRY	Talbot Co., Md		U.S.A.					
13		14. MOTHER'S MAIDEN NAME	1						
	JAMES WABBICTI	CNIPDH	MARRI	C 5					
15 (Y	s, no, or unkown) (If yes give war or dates of service)	INFORMANT	Address	tet la					
	290-09-1331	MAALES HAN	12/15/12 1	1.AS(01) 12					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY:	V PARALU	515	ONSETMAND DEATH					
	IMMEDIATE CAUSE (a)	7 1111112	0,0	2-41/19					
	Conditions of any which \								
	gave rise to Immediate cause (a), stating the OUE TO AN ETACTATIO	000111 6-0-	1000	11,000					
_	underlying cause last. (c) NICIASIAFIC	BRAIN CAI	VCCR	rweges					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CON	DITIONGIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMEO?					
FICA	LEIOMYOSARCOMA BLAD	DER ) DINE	26 (87	YES NO					
ERTI	20a. ACCIOENT WAS UNDERLYING TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	URRED. (Enter nature of Injury In P	art I or Part II of Item	18.)					
		ACE OF INJURY (Home, farm,   2Df.	(City or town) (C	County) (State)					
MEDICAL	Hour a.m. While - Not While - fact	ory, street, office bldg., etc.)	(otty or town) (	,ounty, (otato)					
ž	p.m. 19 at work at work	12-1 1966 to	5-3 10	6Z, that (D(we) last					
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 1967, and the	at death occurred at III M, fr	· ·						
	22a. SIGNATURE		22b.	DATE SIGNED					
	Techard Typon M.		STAFF DHYS.	-5-61					
	22c. PHYSICIAN'S NAME (Type) PIC HAPA	22d. AODRESS	Md	21601					
-	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	RY OR CREMATORY ( 23d. L)	OCATION (City, town or	county) (State)					
23	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	AL AL	1) Cont Day	A ///1					
24	TUMERAL DIRECTOR ADORESS	25a. REC'O BY REGI	STRAR 25b. REGISTR	AR'S SIGNATURE					
1	Lecund Variation Se to Tire	MAY 9 19	367 Joleans	as Judge .					



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07267	CERTIFICATE	OF DEATH		7247
	1,	PLACE OF DEATH		2. USUAL RESIDENCE (WE	nere deceased lived, if institution if	lesidence before admission)
		O. COUNTY TA DOT	MARYLAND	O STATE MARY	LAND 6. COUNTY-	TALBOT
	- !	b CITY OR TOWN (If ourside corporate invits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs	de corporate limits, write RURAL o	nd give neorest town)
		write RURAL and give nearest town)	V 4 CA.		MICHAELS	20/
	(	NAME OF HOSPITAL OR INSTITUTION (If not in the	ospital, give street address)	d STREET ADDRESS		B IS RESIDENCE ON A FARM?
		Memorial Hospital		TAL	BOT ST.	YES NO
	i	NAME OF DECEASED (Type or print) A FRE &	Otto Middle Hek	2MILX/	4 DATE Month OF DEATH 5	13 1967
	5 5		MARRIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR 1 IF UNDER 24 HRS
	*	16 1666	IDOWED DIVORCED	TAN 31, 188	34 Significacy Mo	nths Doys Hours Min
		USUA, OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County &	State, or foreign country)	12. CITIZEN OF WHAT
	1	ing most of working life even if refixed) 557 GEN //GR-CAST LINE	B+O.R.R.		YCISCO, CAL.	COUNTRY 2 S A
	13.	FATHER S NAME		14. MOTHER S MAIDEN NA	AME	
		HLFRED HERMA	71	DELIA		
		15 WAS DECEASED EVER IA U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 708-703-1749 mg. amy C. Herman, St. mechaels, ma				
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	r line to (a) (b), and (c))	Thism	loves	INTERVAL SETWEEN
		Constituents of Source which course >	The Villians	Mobil	as dis Classent	1 4cm
	П	nse to immediate couse (a), DUE TO	the contract of the	114 114-6	and the contract	112 9
	Ш	stoting the underlying couse	XII MILLY	11/1/11		
**		last (c)	1 Junio	viery		
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRA	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	OTTION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED? YES NO
	FIG	20a. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	ort I or Port 11 of Item 18.)	
	IL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur o.m.		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town)	(County) (State)
	2	p.m. 19	ot work L			
	П	21. I certify then (1) of this hospital	) attended the deceased from 🗲	7 9 , 19	665, to 7.1.5	, 19 <u>@Z,</u> that (I) ( <del>we)</del> last
		saw the deceased alive an	-/ 5 · 19/2/, and the	nt death accurred at	725 M, from causes and	an the date stated above.
	П	220 SIGNATURE	/110/	ATTENDING - A	MED. STAFF	22b. 5715/87
	Н	N. TAIMINI	MINDLE M	D. PHYS.	OIRECTOR L PHYS. L	-1-21-1
		MAME (Type) R. Lane Wrot	th M.	D. St. Micl	haels, Maryland	
	22	DUD HACKETHATION ON DATE WHENEVER	OR MANE OF SPAPERS OF	COLHATODA	I 224 LOCATION (Carres Terres	(Cause) (Sa-as)
_	230	BUR AL/CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	16. Emeter	23d LOCATION (City or Town)	(County) (Stote)
()			16 Junity 140	G	Casion,	- Fire Sichelle
1	20	FUNERAL DIRECTOR	ADDRESS P		BY REGISTRAR 256 REGISTION	PAR'S JUNAHORE MOSE
	1 2	unush remain	1 Millian	6 JULY DATMAY	2.9 1967	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral-director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept, of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) CENS 0 - ASTON d. STREET ADDRESS IS RES DENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM emoRiA YES NO IN T0510 3 NAME OF First Middle 4 DATE Lost DECEASED OF DEATH 2 es Type or pant IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) DIVORCED WIDOWED 10b KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** IS WAS DECEASED EVER N JS ARMED FORCES? 17. INFORMAN (Yes, no. or unknown). (If yes give war of dates of service THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of stem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20t TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg., etc.) at work of work 21. I certify that (1) (this haspital) attended the deceased fram 30 to. 19\_\_\_, that (I) (we) last and that death accurred at 12  $\frac{1}{2}$  M, from causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN Robert Easton, Maryland 5/27/67 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF (County)

2So. REC'D BY REGISTRAR

DATEJUN 5

2Sb REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 haurs after death. **burial-transit** signed by 후 O FUNERAL DIRECTOR: After this certificate has been Health priar far be retained by the haspital the director, page should be filed VR A15 (4) 20 M 1/66

filled in by the f papers Pages

E

REMOVAL (Specify) 24. FUNERAL DIRECTOR



after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours—or TO NESTITAL OR TITEMBING PRIVE IN The law requires that the death certifiests be executed within 24 hours.

Page 4 may be retained by the hospital on attending physician.

	MARYLAND STATE DE			
	DIVISION OF STATISTICAL RESEARCH AND RECORDS		IREET, BALTIMORE 1,	, MARYLAND
	97263 THE WAR DESCRIPTION	E OF DEATH		17.49
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (W	there deceased lived, It institution	: Residence before admission)
	TALBOT MARYLANO	a. STATE	b. COUNTY	HEFN HINNE
_	b. CITY OR TOWN (if outside corporate limits.   1 c. LENGTH DE STAY IN 1b.	c. CITY DR TDWN (If outs	ide corgorate limits, write RUR	RAL and give nearest town)
	write SURAL and give nearest town)	1 1	a Francis	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	7 1000	e. IS RESIDENCE
	Ma a A III II A	a. o mean nooned		ON A FARM?
_	MEMORIAL TTOSPITAL			YES NO X
3.	NAME DF DECEASED First Middle	Last 4.	DATE Month	Day Year
	(Type or print) LLOYD LORENZO.	HOL-daN	DEATH 5	3 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTHS /28	AGE (In years IF UND last birthday) Month	DER 1 YEAR IF UNDER 24 HRS.
1	ALE NECTO WIDOWED DIVORCED	HIMLING LUIM!	A In ituyes.	s Days Hours with.
10a	USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR ng most of working life, even if retired)	11. BIRTHPLACE (County	& State, or foreign country)   12.	CITIZEN OF WHAT
2011	ng most of working life, even if retired)   WATER MON	CRISTIELD	MARNIAND	CDUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME	- J/J
	14 11 Harris 14 12	1111/61	. 31111	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(Ye	(if yes give war or dates of service)	nd TI acres	- 11h All	GETTED MA
11/4	KNOWY 317-01-08/11	Mrn. HORENCE	= WEIGHT, CHI	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	4	de	INTERVAL BETWEEN DNSET AND DEATH
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1/20/1/ 1/21/4:	1-6		
-1	DUE TO M	1-1		
	Cenditions, If any, which (b) LOS MOIOTT	18476/2		
ŀ	gave rise to immediate cause (a), stating the DUE TO	11.		
- 1	underlying cause last. (c) PUINTOTTETY	F1070515		
5	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY
GA!				PERFORMED?
=	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of Inju	ry in Part I or Part II of Item	
Ä	DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ا دِ		ACE OF INJURY (Home, farm,	20f. (City or town) (	County) (State)
		ory, street, office bldg., etc.)	zor. (ore) or towny	obality) (otato)
Σ	p.m. 19 at work at work			
-1	21. I certify that (I) this hospital) attended the deceased from	, 19, 3	o, to, 19	
		at death occurred at 3	M, from the causes and or	n the date stated above.
	22a. SIGNATURE	ATTENDING MED		DATE SIGNED
	eastern M.		CTOR PHYS. 2	Mry Col
ļ	22c. PHYSICIAN'S INAME (Type)	22d. ADDRESS	mi	,
1	NAME (Type) E. L.H. JE THINGT	- come	11166	
23a	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER		3d. LOCATION (City, town or	county) (State)

b. REGISTRAR'S SIGNATURE

25b.

D BY REGISTRAR

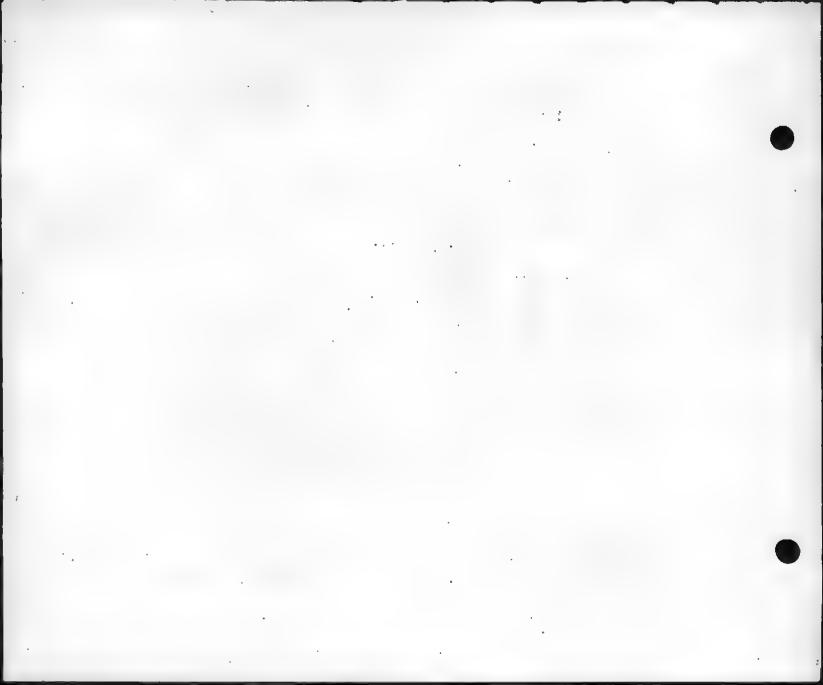
1967

25a.

ADDRESS

VR A15 (4) 20M 1/65 FUNERAL DIRECTOR

24.



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

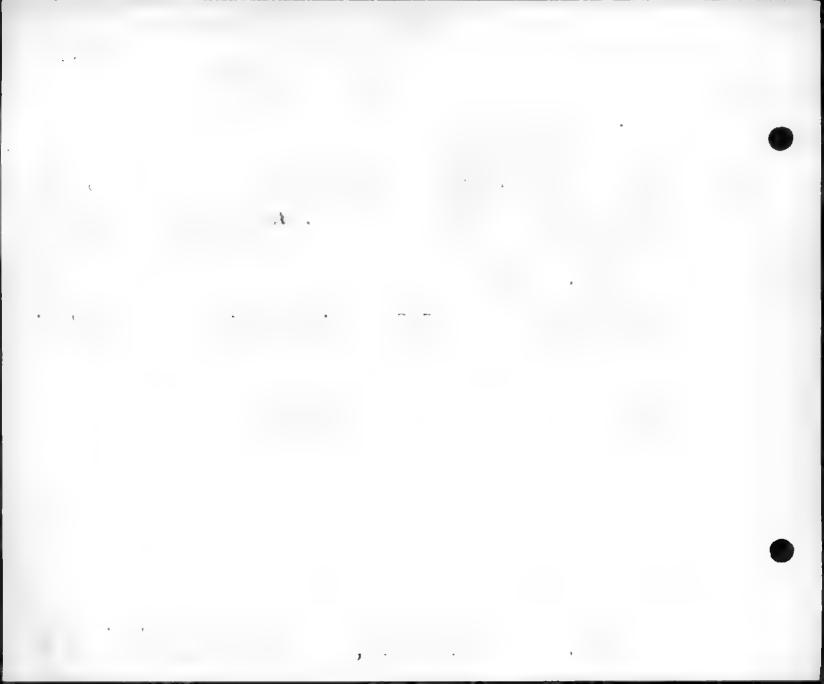
		07270			CERTIFICATE	OF DEATH		07250
	(		ılbot		MARYLAND	a. STATE //www.	yland 6. COU	Talbot
	-	b CITY OR TOWN (I wante RURAL and	If outside corporate limit laive nearest town? Chacks Ru	s, c. LEN	GTH OF STAY IN 16 months	c CITY OR TOWN (If a	utside carparate limits, write RU	RAL and give nearest tawn)
	C	d NAME OF HOSPITA	al or institution (if notal Nursing	at in haspital, give stree		d. STREET ADDRESS	nLo c	e is residence on a farm? yes \ no \_\x\:
		NAME OF DECEASED (Type or print)	Joseph H	Jackson	Middle	East	4. DATE Man OF DEATH	May 9, 1967
	5 5	male	6. COLOR OR RACE	7 MARRIED 🔀 N	DIVORCED   8	DATE OF BIRTH	9 AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs Min.
	dun	USUAL OCCUPATION in a most of working live terman		106 KIND OF B INDUSTRY	USINESS OR		& State, or foreign country) Maryland	12 CITIZEN OF WHAT
	13.	FATHER'S NAME	P. Jackson	ι		14 MOTHER'S MAIDEN	NAME	
	(Ye	WAS DECEASED EVE es, no, or unknown) no	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	ECURITY NO. 17. 11 36-1304 Min	NFORMANT  William	H. Russell.	ess Tilghman, Md.
			e cause (a), (	(o) 121 10 (b) 121	Crebyo	Perolèi	bozei Miculas	INTERVAL BEDWEEN PASSET AND SEATH  THE THE SEATH OF THE S
3	CATION	PART II OTHER S	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	20b DESCRIBE H	HOW INJURY OCCURRED (	Enter nature af injury in	Part or Part II of (tern 18)	
	MEDICAL	20c TIME OF INJU Hour our p.r	10			E OF INJURY (Home, fari irv, street, affice bldg., etc		(County) (State)
		sow the de	Ecoased alive on S	printing the ended the	e deceased from (1962) and that	ATTENDING	19 16, to Many 6 30 M, from cooses MED. STAFF DIRECTOR PHYS	and an the dote stoted obove
	230	BURIAL, (REMATIC	ON 236. DATE TH	ERFOF 23c	NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or To	wn) (County) (State)
, ,	24	RIMOVAL Specify FUNERAL DIRECTO	R	1967 8 & SON, Ea	ADDRESS	netery 250 REC	7 ilghman, D BY REGISTRAR 256 R	Md EGISTRAR'S SIGNATURE Charles Judge

TO HOPPITAL OF ATTEMBING PEYSICIAN: The law requires that the Teath certificate be executed within 21 hours after Death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and canacletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after defit



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

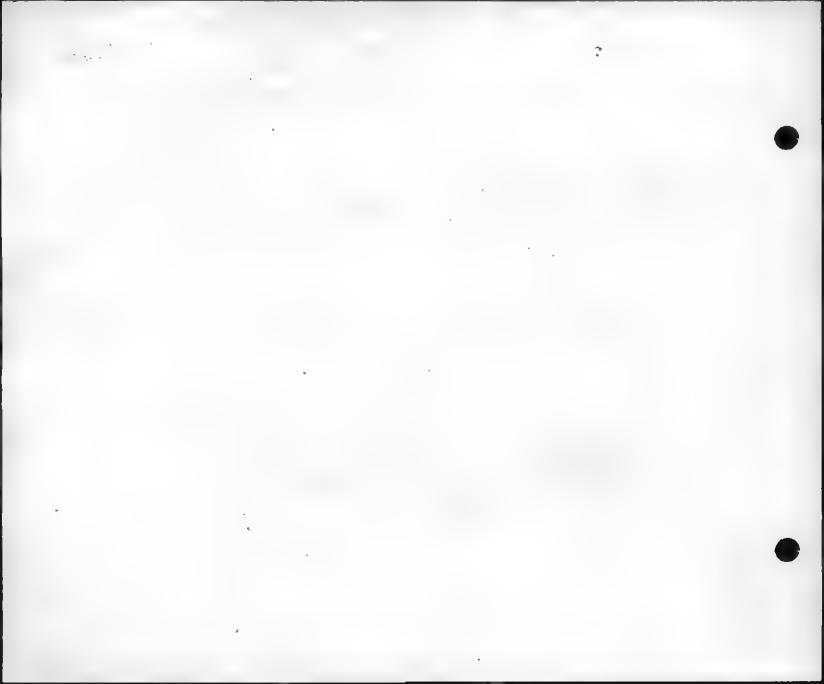
1		07271	CERTIFICATE			07251
)		PLACE OF DEATH O. COUNTY  A bot	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived, if institution b COUNTY	Residence before odm ssion)  TALBOT
		b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn	ten 3 LA	C CITY OR TOWN (If outs de c	orporate limits, write RURAL	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	asputal give street address)	d. STREET ADDRESS		e is residence On a farm? Yes \( \) NO \( \)
		NAME OF DECEASED (Type or print) TRANCES	> Middle Jen	VINZ	EATH 5	14 1967
	S	FEMALENETRO WI	ARRIED NEVER MARRIED 5	7-15-1904	last birthday) A yrs	FUNDER 1 YEAR 1F JNDER 24 HRS. Aanths Doys Haurs Min.
	dur	USUAL OCCUPATION Give kind of work dane ing most of working life, even intered	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote  TALBOT  14. MOTHER'S MAIDEN NAME	e, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
	13. Z	WAS DECEASED EVER THUS ARMED FORCES?	A L L  16. SOCIAL SECURITY NO 17. II	ELLA STORMANT	+ Honge Address	SON
	(Ye	is, na, arunknown) (If yes give war ar dates of servi	133-03-3989 1	1ABIE	Dower	Phila PA
		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	myodadia	Infare	ten	MISET AND DEATH
		Conditions, if any, which gave (b) (b) (b) (c) itse to immediate cause (a), DUE TO	Congestere for	east tas	luce	Yothe
		stoting the underlying couse (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	CILLUSCE SULTING TO DEATH BUT NOT RELATED TO	Pro-200	N GIVEN IN PART 1(o)	19. WAS AUTOPSY
de	CERTIFICATION	200 ACCIDENT HAS UNDERLYING OF CONTROLING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (	melial ?	115TAMA	PERFORMED?
	MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20: TIME OF INJURY Month, Day, Year			20f (City or town)	(County) (State)
	ME	Hour a.m. p.m.  21. I certify that (1) (this haspital)	otwark otwork otwark otwark of the deceased fram	3 -/2 , 199	1 to 5 79	, 19 <u>6-</u> > that (1) (we) las
		saw the deceased alive an 3	4.001	ATTENDING MED.	STAFF C	d an the date stated above
,		22c. PHYSICIAN'S RICHARS	TYSON M.D	22d ADDRESS	STON 40	d 21601
0	230	BURIAL, CREMAT ON, 23b. DATE THEREOF REMOVAL (Specify) 5-17-6	230 NAME OF CEMETERY OR O		Bd. LOCATION (City or Town)	(County) (State)
1	24	FUNERAL DIRECTOR	ADDRESS.	2So A REG PUBY	EGISTRAP 25b. PLGUS	TRARS SIGNATURE

TO HOIPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 heurs after death.

Toge I may be retaine by the h≡spital or attending pysician.

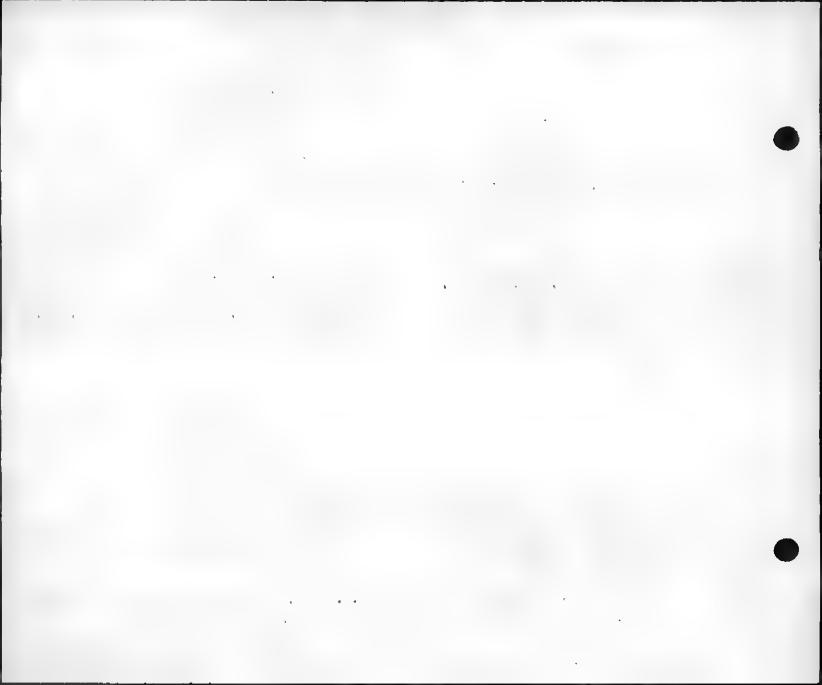
VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon pagers I and should be filed with the State Dept. of Health prior to buriol, cremotion, or removel, and in any event, within 2 hours after decay.



TO HOPPITAL DE ATTENDING PHYTICIAN: The law requires that the Beath certificate be executed within 24 hours after death.	physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the frunces.	rectar, page 3 shauld be detached far use as the burial-transit permit. Then please remover rectain papers. Pages	d be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in agy event, within 72 haurs atterdesent	
TO ROTHITAL DR ATTENDING PHYLICIAN: The law re-	Page 4 may be retained by the haspital or attending p	TO FUNERAL DIRECTOR: After this certificate has been s	directar, page 3 shauld be detached far use as the t	shauld be filed with the State Dept. af Health prior to b	

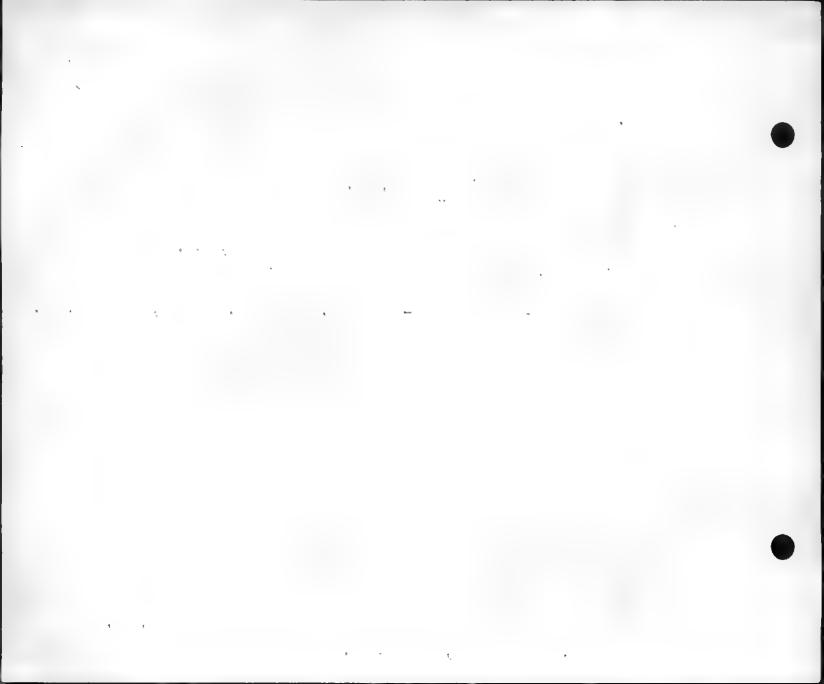
1	36246	CERTIFICATE	OF DEATH		07252
Ī	PLACE OF DEATH  a. COUNTY  TAILBETT	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived, if institut b COUI	ian: Residence befare admission) NTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If our Tilghma	side carparate limits, write RUI	RAL and give nearest town)
	M F MORPHA. OR INSTITUTION UF not in haspita	al, give street oddress) HUSPITAL	d STREET ADDRESS P.O. Box	223	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or point) Baky Gar	Middle C	Thism	4. DATE Mont OF 5 DEATH 5	21 1967
	SEX Jemels 6. COLOR OR RACE 7. MARRIE WIDOWE	ED DIVORCED	5/21/67	9 AGE (In years lost birthday) 775,	Months Doys Hours Man.
d	luring most of warking life, even if retired)	KIND OF BUSINESS OR INDUSTRY		& State, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME (harles W. Johnson;	Sni	Nellie	Hilditch	
	(Yes, no, or unknown) ((If yes give wor or dotes of service)	16 SOCIAL SECURITY NO 17. IN	iformant is. (harfes	W. Johnson,	Tilghman, Nd.
	18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY:  776 X IMMEDIATE CAUSE (o)  DUE TO	fay (a), (b), and (c).)	rely		AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stoling the underlying couse last.				
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO [
	OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in l		
4.7.1.7.1.	Hour o.m. 19 at w	Thile Nat While facta	E OF INJURY (Home, farm ry, street, affice bldg , etc.)		(County) (State)
	21. Certify that (I) (this haspital) att	tended the deceased fram	death accurred at	962, to <u>5-21</u> (1) M, fram causes	and on the date stated abo
	220/SIGNATURE	M.D	ATTENDING PHYS 22d, ADDRESS	DIRECTOR DISTAFF	226. DATE SIGNED 5-13-17
/	MAME (Type) R. Lane Wroth	Ma P	St. Mic		nd 5/23/67
L	230 BJRIAL, CREMATION, 23b. DATE THEREOF 5/23/196	7 23c NAME OF CEMETERY OR C Methodist (	Cemetery	23d. Iotation (City or to	l'id.
1	24 FUNERAL DIRECTOR	ADDRESS E A to all			ESTRAR'S AGNA PRESENT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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RISTATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01400
TH DIPT.	1 PLACE OF DEATH  a COUNTY Talbot  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution, o. STATE Maryland b COUNTY	Residence before admission)  Talbat
M3. Pag	MARYLAND    b C TY OR TOWN (If outside corporate   mits, write RURAL write, RURAL and give nearest town)    C LENGTH OF STAY IN 1b   C CITY OR TOWN (If outside corporate   mits, write RURAL Tilghman)	
arm P1 e Depar	d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)  d STREET ADDRESS  d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO K
alang with tarm PMS. Page	3. NAME OF First Middle Lost 4 DATE Month OF DECEASED (Type or print) Charles William Johnson, Sr. DEATH	May 9 19 67
	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE ( n years F	UNDER 1 YEAR   IF UNDER 24 HR.
s land2	10a USUA, OCC. PATION (Give kind at work dane during most of working life, even if retired)  10b. KIND OF BLS NESS OR  11 BIRTHPLACE (State or fareign country)  NOUTRY  NOUTRY  South Pont, N.C.	12 CITIZEN OF WHAT
be farwarded to the Chiet Medical Examiner's Office to be used as a Burial-transit permit. File pages land 2 v remayal, and in any event within 72 haurs after death	13. FATHER'S NAME Wesley Johnson  14. MOTHER'S MAIDEN NAME Lizzie Hewett	
edical Eremit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give, war or dates of service) 242-32-0168 Mrs. Charles W. Johnson, T.	Ighman, Md.
Chief Medical Examiner's Office along with farm fransit permit. File pages land 2 w.tb-the State Deevent within 72 haurs after death.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) They seek Rial infaration lue to	INTERVAL BETWEEN ONSET AND DEATH
a the Chief  Urial-transit any event	(and thous, fany, which gave rise to immediate cause (a), (b) all was also fit Bre see any There is the	, sudden
farwarded to the used as a Durial- laval, and in any	stating the underlying couse (c)	TO MAS AUTORY
be farwar	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING II CAUSE OF DEATH.	PERFORMED? YES NO
iau d b les. shaull in, ar re	200 EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of term 18 ) CAUSE OF DEATH.	
ge 4 st yaur fil Page 3 rematic	20c. TIME OF INJURY Month, Doy, Year Haur a.m.  p.m.  19  20d INJURY OCCURRED While at wark at wark  20e PLACE OF INJURY (Hame farm factory, street, affice bldg., etc.)	'County) (State)
ctar Pa ned far ECTOR: bJrial, c	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined mani	
eral dure be retair RAL DIR prior ta	ACTUAL SIGNATURE SIGNATURE  BYAMINER  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  SE	22. DAYE SIGNE
the funeral 5 may be 10 FUNERAL Health pric	NAME (Type) ITURSTON TERRISON Address (Street, city, town, or county)  23a. BURIAL, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	Buriation 5/12/1967 Methodist Cemetery Tilghman,	44 9 1



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DATE | | | N

CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and 2 funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COLINTY **B. COUNTY** MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF papers. Page hin 72 haurs c write RURAL and give\_nearest\_(awn) RICE hours. .≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS hin 72 filled COVIAL NO X YES | 3. NAME OF Middle Year Last DATE Month First DECEASED **OF** 67 (Type or print) /115. DEATH COMD IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Manths WIDOWED DIVORCED oppo 10b. KIND OF BUSINESS OR (County & State, or fareian country) 12 CITIZEN OF WHAT and in during most of working life, even if retired) INDUSTRY COUNTRY? physician XX 13. FATHER'S NAME ar remava WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) If If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) nse to immediate cause (a), DUE TO far use as the L Health priar to b stating the underlying cause has been OR ATTENDING PHYSICIAN: The law last. WAS AUTOPSY PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO N certificate 2Do ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Haur a.m. factory, street, office bldg , etc ) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from 30 may 27 that (1) (we) last be retained M, fram causes and an the date stated above saw the deceased alive an 30 1967, and that death acturred at 22a, SIGNATURE 22b. DATE SIGNED M D DIRECTOR PHYS PHY5 director, page should be filed 22c. PHYSICIAN S 22d ADDRESS TO HOSPITAL NAME (Type) 6/2/67 Easton, Maryland Carney Steinhen (County) (State) CHURCH REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR VR A15 (4) 25M 1/67



#### MARYLAND STATE DEPARTMENT OF HEALTH

	DIAIZION	IF VITAL RE	CORDS, 301 W. PI	KESTON	1 SEREEL, BALTIMO	IKE, MARYLA	ND 21201			
97275			CERTIFIC	ATE	OF DEATH			0	725	55
PLACE OF DEATH				Ī	2. USUAL RESIDENCE (V	Vhere deceased 1			before o	dmission)
o. COUNTY TO	16+		MARYLA	ND I	o. STATE Md.		b. COUN	TY T	alb	ot
6 CITY OR TOWN (II	outside corporate limits,		c. LENGTH OF STAY IN		c CITY OR TOWN (If ou		mits, write RUR			
	give nearest town)		45 dA4	13 1	Easton	rural		_ K 1, F	. ,	
d NAME OF HOSPITA	L OR INSTITUTION (If not	in hospital, gi			d STREET ADDRESS				6	S RESIDENCE
Memor	rial Hus	PITA	1						YES	ON A FARM?
3 NAME OF DECEASED	Firs	Ι.	Middle	1)	Last	4 DATE OF	Mont	1	Doy	Year
(Type or pnnt)	(A12	111	H.C.	K	1564	DEATH	5	<u> </u>	3-	1.00
S SEX	6 COLOR OR RACE	7 MARRIED X	h		DATE OF BINTH	9 AC	GE (In years ist birthdoy)	IF UNDER 1 Y		UNDER 24 HRS
M	W	WIDOWED	DIVORCED	ר ום	2/20/1910					
160 USUAL OCCUPATION during most of working li			ID OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County				EN OF W	HAT
salesman			gas		Talbot,		and	0.5	JR <sup>V</sup> ?	
13 FATHER'S NAME					14. MOTHER'S MAIDEN N					
Frank I.					Mazie Lar	nbdin				
IS WAS DECEASED EVER (Yes, no. or unknown) li	t IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. S	OCIAL SECURITY NO	17. IN	FORMANT		Addre	22		
no		2]	13-09-977	cM S	rs. Emma 1	Elizab	eth Ki	rby,	Eas	ton, ]
IB. CAUSE OF DE	ATH (Enter only one cous	e per line for (	(o), (b), and (c).)	,		1	1.			AL BETWEEN AND DEATH
PAKI I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (	0) /8/0	MIPLE DO	)/m	OMONY 6	120 1201	<u>/</u>		OHOLI	AND DEATH
	DUE 1	10 0	1 - 1-	1 -	// .					
Conditions, if any, rise to immediate	couse (a)	(b) <u>re</u>	IVIC FI	77	Hod wie	5				
stoting the under		10	2	_ /	2 12 12	*.				
lost		(c)	2201111111	-/2	3//0/1//	<u> </u>			1	
PART II OTHER SIG	INIFICANT CONDITIONS CO	NTRIBUTING TO	O DEATH BUT NOT RELATE	ED TO TH	E TERMINAL DISEASE CON	ID T ON GIVEN IN	PART 1(a)		19 W/	AS AUTOPSY RFORMED?
\$	141244126	117/2	setrois 51	7721	I bowel c	X85580	11100	>	AE2	NO
200 ACCIDENT WAS		20b DES	CRIBE HOW INJURY OCCU	JRRED (E	nter nature of injury in t	Part For Part L	of item 1B)			
	MEDICAL EXAM, NER)					_				
20c. TIME OF INJUI	RY Month, Doy, Year	20d IN. While	JURY OCCURRED 26		OF INJURY (Home, form y, street, office bldg., etc.)		ity or town)	(Coun	ty)	(Stote)
p.m	. 19	ot work	U of work		7, 311001, 0111110 0109., 011.)					
21. 1 certif	y that (I) (this hasp	ital) attend	ed the deceased fro	am	, 1	9ta_		, 19	_, that	(1) (we) las
	ceased alive_an		19, an	a that	death accurred at	5-1 M, fr	om couses (	and on the	date s	stated abave
220 SIGNATURE	ROIV	1				MED	STAFF -	22b DATI	SIGNED	17
	carre	~~		M.D	PHYS L	DIRECTOR L	PHYS.	1731	Kall	6/
22c PHYSICIAN'S NAME (Type)	ECH	Suhn	mid		22d ADDRESS	Xe17. 1	MANN	land.		
	- U-1/.									
230 BUR AL, (REMAT OF REMOVAL (Specify)		11.	23c NAME OF CEMETE				ON (City or Toy	' '	County)	(Stote)
Burlal'	5/25	/67		n Me	emorial P		aston,			Md
24. FUNERAL DIRECTOR	1 >	E 111 7	ADDRESS	1164	MA	BY REGISTRAR	67 256	CISTRAR'S SIG	NAIDE	del
100 D. 17	115, II F	L. H.	1 123621	1167	DATE	E SU IO	01	-	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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VR A15 (4) 25M 1/67

funerat



#### DIVISION OF STATISTICAL RESEARCH AND RE TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before a. COUNTY TALBOT b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lyp. 6mg. 17days anton EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Street YES NOX. completely 3. NAME OF DECEASED OF Bean KTEPPINGER 6 (Type or print) DEATH 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and (ast-birthday) Months Hours WIDOWED DIVORCED physician 10a. JSUAL OCCUPATION (Give kind of work гетточе 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) HOUMEWORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Hiriam Halteman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no. or unkown) ((Ifyesgivewarordatesofservice) Mrs. Mabel Kleppinger, Caston. no18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 olan IMMEDIATE CAUSE (a) 10000 clarence pyclitis + Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01-19. WAS AUTOPSY PERFORMED? NO X YES 200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INTURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ) (State) 20f. (City or lown) factory, street, office bldo., etc.) While Hour e.m. Not While at work et work 21. I certify that (1) (this hospital) attended the deceased from 19 Dec and that death occured at .T...A.M., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING STAFF death. Page 44 TO FUNERAL 1 director, page 3 be filed with the PHYS. DIRECTOR PHYS. M.D. 22c, PHYS CIAN'S 22d, ADDRESS P.O. Box 929, Easton, Md. 21601 Stephen P. Carney. 230. BURIAL, CREMATION | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S 24. FUNERAL DIRECTOR'S SIGNAT VR A15 (4) 1SM 7 61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) b COUNTY completely filled in by the fune love carbon popers. Pages 1 or a COUNTY oon popers. Pages 1 within 72 h≡urs offer MARYLAND law requires that the deoth certificate he executed within 24 hours ofter (If autside carparate limits, write RURAL and give nearest fawn) b (ITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 C CITY OR TOWN write\_RURAL and give nearest town) 07 d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES. NO / remove carbon NAME OF First Middle Last 4. DATE Month Year OF DECEASED 5 Type or print DEATH event, IF UNDER 1 YEAR IF JNDER 24 HRS **SEX** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years bythday) Months Doys Haurs Yno WIDOWED DIVORCED physicion ond 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give king of work done . RIRTHPLACE (County & State, or fareian country) Ξ COUNTRY? during most of working life, even if retired) INDUSTRY pleose Inist 13 FATHER'S NAME buriol, cremotion, or removol, signed by the ottending phy WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, ar unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter any one cause per time for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE for DUE TO Conditions, if ony, which gove nse to immediate cause (o), **DUE TO** stoting the underlying cause the the Dept. of Health prior to hos been 9 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION use NO TO FUNERAL DIRECTOR: After this certificate be retoined by the hospital or ξ 200 ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of Item 18.) OR CONTRIBUTING CO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, stuget, affice bldg., etc.) While Not While at wark at work pe 21. I certify that (1) (this haspital) oftended the dereased from should the and that death accurred of in 50 A M, from causes and on the date stated above. sow the deceased olive on 22a. SIGNATURE director, page 3 should be filed v DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23⋴ BURIAL, CREMATION 23Ь. DATE THEREO (County) (State) VAL (Specify) 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4), M 1/66



MARYLAND STATE DEPARTMENT OF REALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

e al			37273			CERTIFIC	LATE	OF DEATH					
te !			PLACE OF DEATH	11 L	-		Ī	2. USUAL RESIDENCE (	Where decease	ed lived, if institu	tian: Residen	ce before odmis	sian)
E PA			o. COUNTY	2/ha7		MARYLA	IND	o. STATE	land	b. COU	NTY To	lbot	
es es offe			CITY OR TOWN (If ou	itside corporate limits.		c LENGTH OF STAY IN		c. CITY OR TOWN (If ac		te limits write RU	0 -0-		
y the Pages ars off			write RURAL and giv		La al			Easta		, , , , , , , , , , , , , , , , , , , ,	g	,	
s. hou		<u> </u>	I. NAME OF HOSPITAL O	IR INSTITUTION (If not	a haspital a	(zeathhr earts au		d STREET ADDRESS	76		1'	e IS RES	SIDENCE
Med in papers in 72 h		,	6/12 - 12	2 44	I hospital, g	and the second	/		chwood.			ON A	FARM?
		2	NAME OF	6 F 1 A	- 1	/ Middle		lost	4. DATE	Man	al.		egr
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D - 10	- /	5.	Type or print)		7. MARRIED	NEVER MARRIED	<u> </u>	DATE OF BIRTH	DEATH	AGE (In years	I IF UNDER		FR 24 MRS
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remove in ony ex		100	male.			ID OF BUSINESS OR	<u> </u>	11 BIRTHPLACE (County		elan constant	T 12 CIT	TIZEN OF WHAT	
o o din		dur	ng most of working life,	even if retired)		DUSTRY		Avalon,				UNTRY?	
ysic on please		12	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	wa		<i>X</i>	
physic ien ple oval, o		13.	- 44	. A1				Mollie	_	much			
Part E		15	WAS DECEASED EVER IN		1 14 5	OCIAL SECURITY NO	17 11	NFORMANT	71146 1	Addr	arc		
ending physican ond a nit. Then please remo or removal, and in ony		(Ye	s, no, or unknown) (If y		service)			s. Frank Ri					
attending phy permit. Then ion, or removal		-	no	1/5		9-01-0472	111/2	s. r rank N	BBELL	, Casco	Ly FIKLE	INTERVAL B	EDWELN
(1) A			PART I. DEATH V	l (Enter anty ane cause VAS CAUSED BY.	1 -1	(a), (b), and (c) ),	m	1. Vari	·			ONSET AND	
signed by the buriol-transit suriol, cremo			1 1	IMMEDIATE CAUSE (d	1 //	nevan	N. P. K.	aga ju	777		-	your	
iol-t			Canditians, if ony, wh		11/1	Same	M	11 1/ /3	11.111	Mu	_	7111	11-
sign bur			rise to immediate ca	use (a),	- CAN	Comment of the second		1		1		11000	7
he to			stating the underlyin	g couse	1)					,			
icote hos been for use as the Health prior to				ICANT CONDIZIONS CO	NTRIBLATING A	DEATH RUNNOT RELAT	ED TO T	HE JERMINAL DISEASE COL	NDITION GIVE	N IN PART 1(o)		19. WAS AU	TOPSY
h se	1	CERTIFICATION	KIMIL	11/1-	1//	11/1/10	4/	Mehr Fin				PERFOR YES -	MED?
cote ho or use Health	*	Ā.	200 ACCIDENT WAS UN	DERLY NG []	20% DES	CRIBE HOW INJURY DOG	IRRED.	Enter noture of injury in	Port I or Port	II of item 18.1			NO 4
温っち		CERT	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	244								
this cert detached e Dept. a			20c. TIME OF INJURY		20d IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (Hame, fam	n. 20f.	(City ar town)	(Cor	unty)	(State)
det de De		MEDICAL	Haur a.m	19	While at wark	Nat While		ry, street, office bldg., etc.		1	,	,,	
fter be Stat			2) 1 (attifu				ram 2	OMay.	96 Las 10	23/100	G 196	2 that (1)	f <del>ore h</del> last
R: A			saw the dece	ased alive an Z	3/16	2- 19/27, ar	nd that	death accurred at	17 6 M	, fram causes	and an t	he date state	ed abave.
5 gg			22a. 9 GNATURE	/ /	7	1 41			1-1		22bD	ATE SIGNED	
関系を			11.47	TMPLA	6.50	lle	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	] 5	-25-6	)
ing general section of the section o			22E PHYSICIAN S					22d. ADDRESS				/	
ERA J'F			NAME (Type)	R. Lane W	roth,				haels	Maryla	ınd		
TO FUNERAL DIRECTOR: After this cedirector, page 3 should be detached should be filed with the State Dept.			BURIAL CREMATION,	23b. DATE THER	EOF	23c. NAME OF CEMETE		REMATORY		CATION (City or To		(County)	(stote)
<b>5</b> ⊕ ≈	0		REMOVALISPECTAL	oval 5/1251	1967	Pankwood				iltimone			
VR A15 (4)	60	24	-FUNERAL DIRECTOR .	2 8 1/011x	MAIN W	ADDRESS			BY REGISTR		EGISTRAR'S S	IGNATURE UNICE	<b>C.</b>
20 M 1/66	N.		In a will	C // MI	The state of	-		DAMA'	126	1967  🎢	- 1-6	100	

IN HOSHITAL OR ATTENDING PRYSICINN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or ottending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

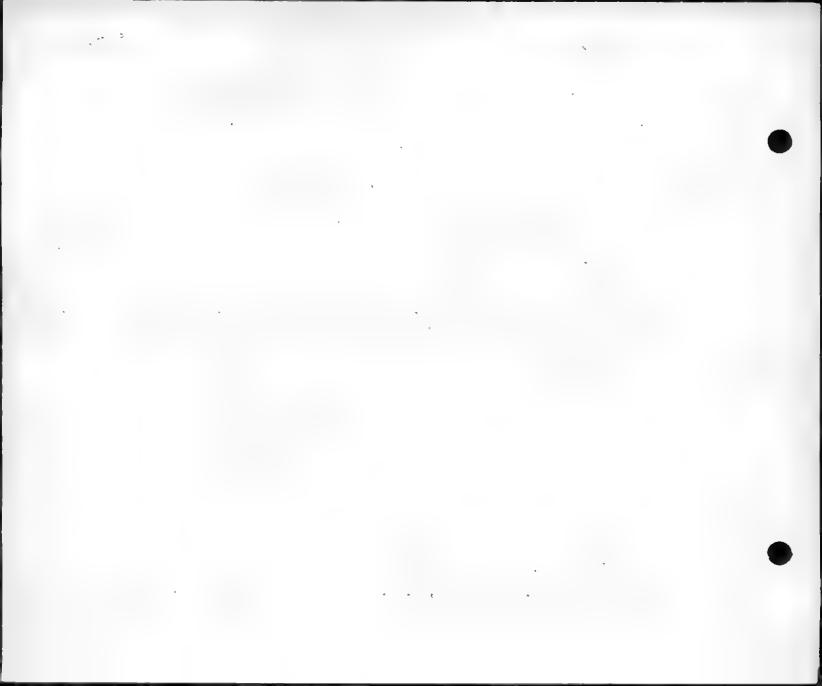
Them #7 Film #G389 CERTIFICATE OF DEATH

07259

	U748U CEKIII	CAIL OF DEATH	01422
	1 PLACE OF DEATH		ived, if institution Residence before admission)
	o. COUNTY & ELECT MAR)	AND O. STATE MARVLAND	6 COUNTY TALBOT
	b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY I	( CITY OR TOWN (If outside corporate la	muts, write RURAL and give nearest town)
	write RURAL and give nearest town) 3 clays 7	tua NEAVITT	, /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS	e IS RES DENCE ON A FARM2
	Memarial Hosp.		YES NO N
	I DECEASED	Illigan lost 4 DATE OF	Month 36 Doy Year
	(Type or pnnt) 6. (OLOR OR RACE 7. MARRIED NEVER MARRIET	B DATE OF BIRTH 9. AG	E (In years   IF UNDER ) YEAR   IF UNDER 24 HRS
	S SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCEE  WIDOWED  DIVORCEE		st birthdoy) Months Doys Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign	(country) 12 CITIZEN OF WHAT
	doing most of wesking life even if retired) INDUSTRY		COUNTRY 2
	AET. DUS DRIVER TUB SERVICE	14. MOTHER'S MAIDEN NAME	05.4
	llack	KATHLEEN MU	RDHV
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17 INFORMANT	Address
	(Yes, no, or unknown) (If yes give war or dates of service)	JOSEPW NEW GAN. E	AST ORANGE, N.J.
	18. CAUSE OF DEATH (Enter only one couse per June (o), (o) and (c)	The state of the s	AL C INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	is William	W WILL STREET AND SEATH
	DUE TO	/	
	Conditions, if ony, which gove (b)		
	stating the underlying couse DUF TO		
	last. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
	Z Z		YES NO Q
	200 ACCIDENT WAS UNDERLYING  COR CONTRIBUTING CLAUSE OF DEATH (ITE STITLED NOTIFE MEDICAL SEARCH	CURRED (Enter noture of injury in Port I or Port II o	of Hern 18)
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o.m. While Not While	20e. PLACE OF INJURY (Home, form, foctory, street office bldg., etc.)	ty or town) (County) (Stote)
	pm. Of work — of work —	72/1/11/2012	25/1/2 10/ Patrick (1) (1) 1
	21 teftify that (I) (thus hospital) attended the deceased sow the deceased alive an 2 2 1967,		om causes and an the date stated above.
	22g SIGNATURE		22b DATE SIGNED
	- Mary (1/h/14/kg	M.D. PHYS DIRECTOR	STAFF PHYS 0 5-27-67
	22c. HYSICIAN'S JAME (Type)	22d ADDRESS	- Manual and
1	R. Lane wroth, M. D.		s, Maryland
		11 ,	ON (City or Town) (County) (State)
	BUTIEN JUNI, 1967 GATE	F HEAVEN FAST	
	24 FUNERA. DIRECTOR ADDRESS	PAL 250 REC'D BY REGISTRAR DAMAY 3 1 191	256 REGISTRAR'S SIGNATURE
	WILM I AN I AN I CONTINUED AND IN MITTHE WARDED	I DATE TO LET	31 / 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the had director, page 3 should be detached for use as the burial-transit permit. Then please remays burial papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any yeart, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



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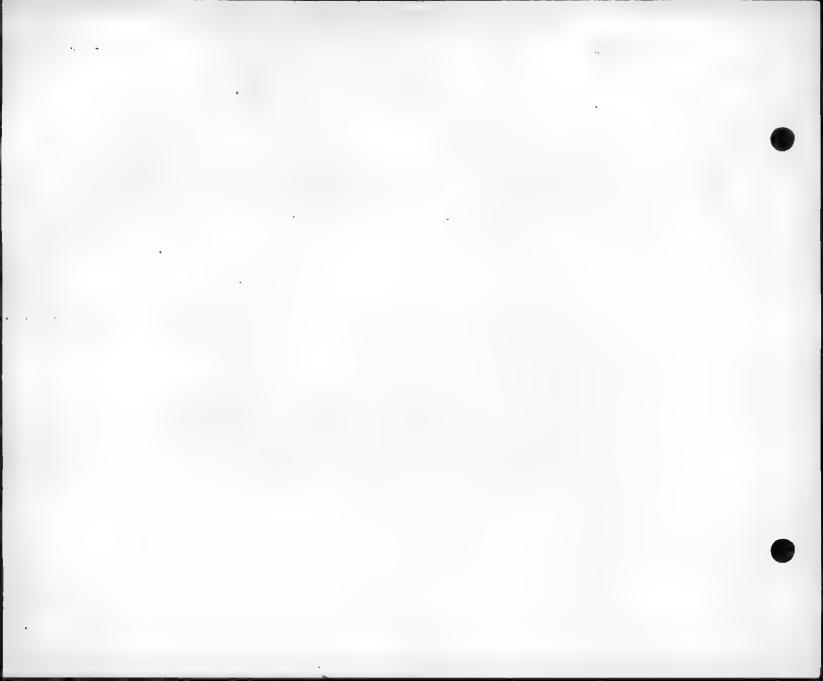
MARYLAND STATE DEPARTMENT OF HEALTH

301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201

	DIVISION Item	OF VITAL	RECOR	DS, .	
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132	281	Ttem	#1d Fi	lm #GTOY	FICALE	CULDEATH			11720	U	
PLACE O	OF DEATH					2. USUAL RESIDENCE (V	Where deceased live			re odmission)	
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b. CITY (	OR TOWN (If a	outside corporate limi ive nearest tawn)	ts,	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (If ou	itside carporate limi	ts, write RUR			
	BISTO	n		<u> </u>			dova			1	
	DF HOSPITAL	or institution (if r	iat in haspital, g	give street address)		d STREET ADDRESS				e IS RESIDEN ON A FARI	
27		Indius or	•		<u> </u>					YES NO	0
3. NAME C			ırst	Middle	-	Lost	4 DATE OF	Month		_	
(Type or	r print)	Estel.		Downs		lewman	DEATH	May	30		
S. SEX	_	. COLOR OR RACE	7 MARRIED	NEVER MARRI		B DATE OF BIRTH	last	(In years hirthday)	Months Days	Hours 1	Min.
Fema		Negro	WIDOWED	MP-76	ED	9-I4- I89		24 yrs	10 (1717)	OF DATE OF	
		ive kind of work dans , even if retired) I C		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			12 CITIZEN O COUNTRY	2	
13 FATHER		Te				Talbot 14. MOTHER'S MAIDEN (		Md	US	A	
15 TAIRLE	Unkn	OI-IM									
SC WAS DE		N.U.S. ARMED FORCES	) 16	SOCIAL SECURITY NO.	17 1	Annie INFORMANT	DOWNS	Addres			
		yes give war ar dates	of Service)	I3-I4-I2						. 3 32	
18 6	ATISE OF DEAT	H (Enter anly one co			1	Hilda Pet	erson	New_D	runswi	TERVAL BETWE	FEN
		WAS CAUSED BY		77.0	111	I am	ull			NSET AND DEA	
	7950	IMMEDIATE CAUSE	(a)	7000		1				also of	
	ions, it any, w	hich gave	(b)								
	rise to immediate cause (a), Stating the underlying cause DUE TO										
last	, inc <u>oncurry</u>	)	(c)								
PART I	II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN F	ART 1(a)	19	WAS AUTOPS PERFORMED	SY
<u>a</u>										YES NO	
⊨ 20a AC	CODENT WAS U	NDERLYING  CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED	(Enter nature of injury in	Part I ar Part II of	item IB)			
(IF EITH		DICAL EXAMINER)									
MEDICAL T	IME OF INJURY Hour ours	Month Doy, Year	20d III Whe	WURY OCCURRED  Nat While		CE OF INJURY (Hame, farm lary, street, office bldg , etc.)		or town)	(County)	(Sto	ate)
	p.m.	19	at war	al work							
		1 1 1		ded the deceased			96500 1			hat (I) (we	
	IW the dece	eased alive an_	may	1301967.	and that	t beath accurred at	# M, froi	n gruses o	find on the do		pove
220	SIGNATURE	Dales	L Zo	Uma	M.[	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	226 DATE SIG	5-6	7
	PHYSICIAN'S NAME (Type)	Dale	Ř,	Kollma	a, M	22d ADDRESS	· Ea:	sto.	N. M.	1	
23e BJRIA	L, CREMATION,	23b DATE TH	IEREOF	23c NAME OF CEA	METERY OR	CREMATORY	23d LOCATION	(City or Tow	vn) (Caunt	y) (Stat	te)
Bur	YAL (Specify)	6-5-1	967	Chapel				pel	Talbo	,,	,
24 FUNER	PAL DIRECTOR		- YO (	ADDRESS			D BY REGISTRAR		GISTRAR'S SIGNATU		
(3)	, ++-	MAS	h15	// -F+	cfan	DATE JU	N 6 19	67 X	Charles	udge	6

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. TO FUNIRAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by a director, page 3 should be detached for use as the burial-transit permit. Then please removercation papers. Pa should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours Page 4 may be reto ned by the hospital or ottending physician. VR A15 (4) 25M 1/67



### MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF	VITAL RECORDS, 301 W. PRESTO	N STREET, BALTIMORE, MARY	'LAND 21201	•
		07282	CERTIFICATE	OF DEATH	0	7261
		COUNTY TA/60 T	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	before odm ssion)
	E	o CITY OR TOWN (If outside corporate limits, write RURAL and give necessitation)	MD C. LENGTH OF STAY IN 16	CCITY OR TOWN (If autside corporate	e timits, write RURAL and give	.,
,	6	MEMORIAL OR INSTITUTION (If not in	HOSPITAL	d STREET ADDRESS 706 High S	TREET	e IS RESIDENCE ON A FARM? YES NO
		NAME OF PLICEST MIND PLICEST PROPERTY OF PRINTS PRI	ARD X	RENSHAW DEATH  3. DATE OF BIRTH  9.	AGE (In years   IF UNDER !	Doy Yedr 1967 YEAR   IF UNDER 24 HRS.
		MWV	WIDOWED DIVORCED	8-13-03	lost birthdoy) Months	Doys Hours Min.
	dur	JSUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR LINDUSTRY KETIRED	TALBOT CO (I NTU	COLL	ZEN OF WHAT NTRY? U.S.A.
		HARUEUM, RENS		14. MOTHER'S MAIDEN HAME LAURA ANNA	GRUBB	
		WAS DECEASED EVER IN Ö.S. ARMED FORCES? s, no or unknown) (If yes give wor or dotes of ser		NFORMANT RS. E. RICHARDR	Address	ASTON, M.T.
		18. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) _	A 14- 14- 1	carcinone	of	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove tise to immediate couse (o), (b)	the lung			centrin
		stoting the underlying cause (c)				
in.	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	/ -	1	19 WAS AUTOPSY PERFORMED? YES NO
	A CERTIFICATION	200 ACCIDENT WAS JNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRED (		1 of item 1B.)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19	While Not While of work of work	CE OF IN.JRY (Home, form ory, street, office bldg., etc.)	(City or town) (Cour	nty) (Stote)
		saw the deceased alive on	ol) attended the deceased from	death occurred at 645 M	from causes and an the	, that (1) (we) last e dote stated obave
		220 SIGNATURE RESERVE W. T.	Ten-057 M.D	11113.	STAFF PHYS 22b DAT	TE SIGNED
1		22c PHYSICIAN'S NAME (Type) Robert W.	Trever, Ma.	Easton, Md.		
_	230	(BURIA) CREMATION, 23b DATE THEREO	967 SPRING HIL		CATION (Cly or Town) (	(County) (Stote)

TO HOSPITAL OR NITHING PHYDICIAN: The law requies that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please because carban papers. Shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours. Page 4 may be retained by the haspital or attending physician.

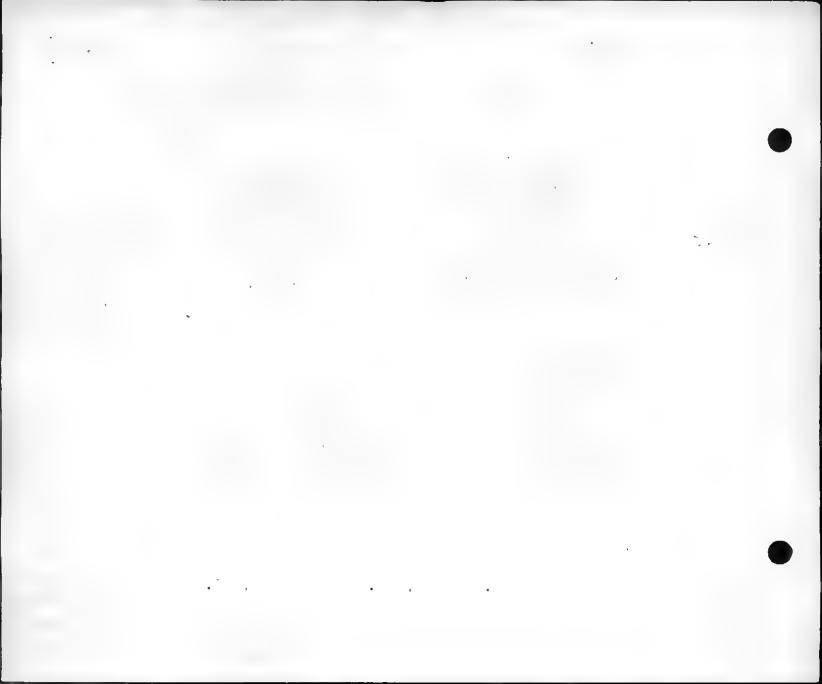
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24. FUNERAL

DATE MAY

1967

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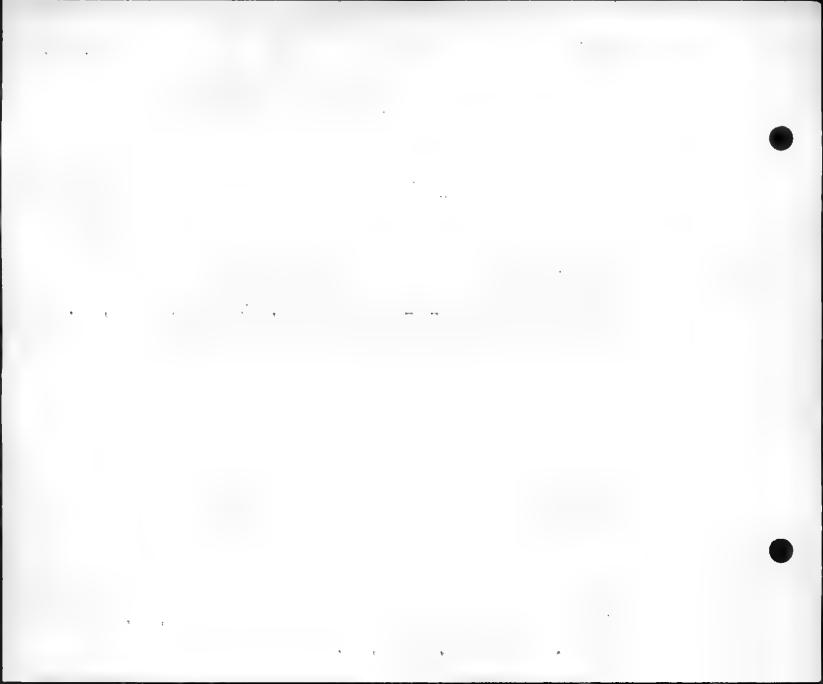


#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		97283	CERTIFICATE	OF DEATH	07262
funeral funeral ler dean		COUNTY Talbox	MARYLAND	2 USUAL RESIDENCE (Where deceased live a. STATE Staryland	d, if institution Residence before admission) b COUNTY Talbox
mxmcuted within 24 haurs after advantaged in by the further and a papers. Pages I have arban papers. Pages I have after a page of the page		CITY OR TOWN (If outside corporate limits, write RURAL gad give inearest town)	c LENGTH OF STAY IN 16  Lifetime	c CITY OR TOWN (If autside corporate limi	ts, write RURAL and give neorest town)
n 24 ho illed in papers. iin 72 ho		NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d STREET ADDRESS	e S RESIDENCE ON A FARM? YES NO
Ecuted within 24 completely filled days carban pape yevent, within 7		NAME OF DECEASED Lillie May Ri	chardson.	cost 4 DATE OF DEATH	Month May 19 Year 67
and comp remaye n inyeve		emale white WIDOWED	DIVORCED	8/29/1882 8	(In years outside) Manths Days Hours Min
ate be (1) ician and lease ren and in (1)	dun	ng must of working life even if retired)	(IND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (County & State, or foreign co	
certific g physi Then pl moval,	13.	FATHER'S NAME John Cottingham		14 MOTHER'S MAIDEN NAME Ida Conkran	
ne death certificate L atte≣ding physician permit. Then please ion, ar removal, and	[Ye	no, or unknown) (If yes give wor or dates of service)	20-32-0122 B	Jesse F. Richardson	
hat the n. yy the o ansit p		18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r (a), (b), and (c), Myacce	uder Infant	INTERVAL BETWEEN
aw re_uires that the death certificate be mxmcuted within 24 haurs after d≡ath. Iding physician. been signed by the attemding physician and completely filled in by the funeral the burial-transit permit. Then please remake carban papers. Pages I and 2 arta burial, crematian, or removal, and in Inytevent, within 72 hours after death		Canditions, if ony, which gave rise to Immediate cause (a), stating the underlying cause last.	ausmen Arte	enloschorodis	5 gr 1
ICTAM: Thm law re pital ar attending rifficate has been d for use as the af Health prior ta	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ 20b D OR CONTRIBITING ☐ CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED (E	inter nature of injury in Part I or Part I of	tem 1B.)
JING FEYTIC by the haspi ifter this cert be detached State Dept. a	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m. 19 20d While	e Nat While foctor	ry, street, affice bldg., etc.)	or town) (County) (State)
		21 I certify that (I) (fine to paid) after saw the deceased alive an G 11	nded the deceased from N 19 <u>67</u> , and that	death accurred at 1/ M, from	n causes and an the date stated abave.
not be retained  AL DIRECTOR: A  page 3 should  e filed with the		222 SIGNATARE  224 PHYSICIAN S	curale M.D.	ATTENDING MED DIRECTOR D	STAFF 22b DATE SIGNED
FER de	230	NAME (Type) KOBERT M. MIC'L	T 234 NAME OF CEMETERY OR CI	2 HANSON ST.	EASTON MD.  ((city or Town) ((county) (Stote)
Page 4 TO FUNE director		FED 14/1967	Oxford	Uxfo	1 25b REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	24	FUNERAL DIRECTOR E. NEUWAM & SC	W, Easton, Md.	DATE MAY 1 5 19	

07262



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

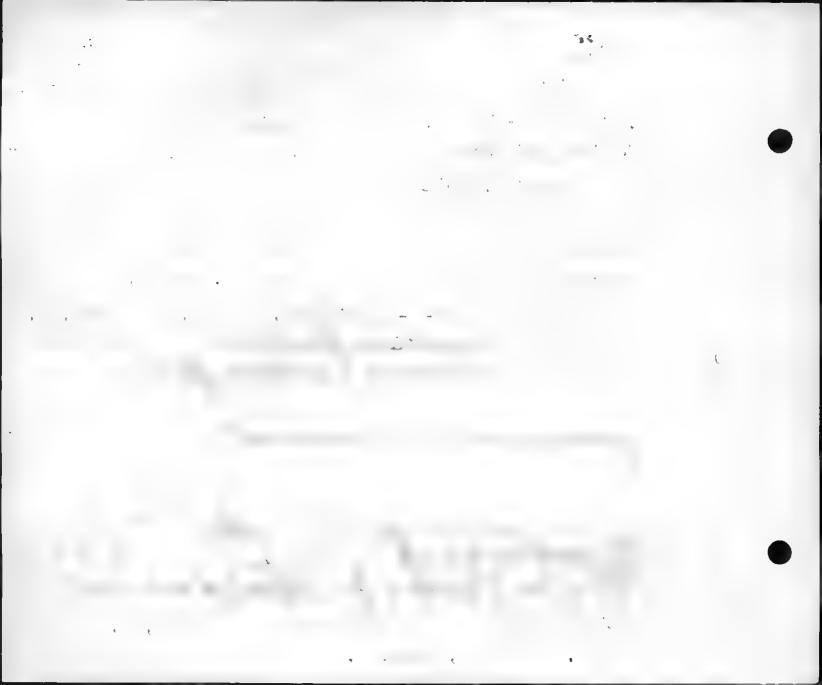
07284	CERTIFICATE	OF DEATH		07263
o. COUNTY Talbet	MARYLAND	a STATE Mary	land b. coul	Daltimore
b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest (own)  St. Michaels (nural)	c LENGTH OF STAY IN 16	Baltime	tside corparate limits, write RU	
d. NAME OF HOSPITA. OR INSTITUTION (IF not in hospital, Ris Vista Nursing Home	give street oddress)	d. STREET ADDRESS 5107 W	esley Ave.	e is residence on a farm? Yes no [X
	Middle vlenson	Last	4 DATE Man OF DEATH	May 31 19 67
S SEX Female 6 COLOR OR RACE 7 MARRIED white WIDOWED	DIVORCED	4/3/1885	9 AGE (In years yrs.	IF UNDER 1 YEAR IF LNDER 24 HRS Months Days Hours Min
during most of working life, even if retired)  Housework	IND OF BUSINESS OR #DUSTRY	Talbox	State, or foreign country) Naryland	12 CT ZEN OF WHAT COUNTRY?
13 FATHERS NAME  James Howeth		14. MOTHER'S MA DEN M Charlett		en
(Yes, na, or unknown) (If yes give war ar dates of service)		nformant chard F. Re	wlenson. Hav	redeGrace. Md.
18. CAUSE OF DEATH (Enter on y one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Carles	u	NTERVAL BETWEEN ONSERAND DEATH
Conditions, if any, which gove (b) (b) (b)	ronie &	ordio	a faile	ne
stating the underlying couse (c)			<i>V</i>	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	Enter nature of injury in t	Part 1 ar Part II of Hem 18)	
	Nat While fact	CE OF INJURY (Home, form ary, street, affice bldg., etc.)	20f (City ar town)	(Caunty) (State)
21. I certify that (I) (this hospital) attensions the deceased alive of 5		death accurred by	46, to 5 - 30 42,5M, from couses	that (I) (we) la and an the date stated above
MAN MY VERY	en m.c	PHYS	MED. STAFF DIRECTOR PHYS.	226 DATE S.GNED 7
Markey m Re	ejer h	ADDRESS ADDRESS	cehaels	mg
230 BURIAL (REMATION 23b DATE THEREOF 6/2/1967	23c NAME OF CEMPTERY OR Methodist	(REMATORY <b>emeter</b> it	23d LOCATION (City or To	wn) (County) (State)
MURICE E. NEUNAM & SON,	Easten, Md.	250 REC D	BY REGISTRAR 25b RE	GISTRAR'S SIGNATURE

TO NOSMITAL OR ATTINITIES PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death...

Tage 4 may bill retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capperedly filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in an exercit within 72 hours after death.

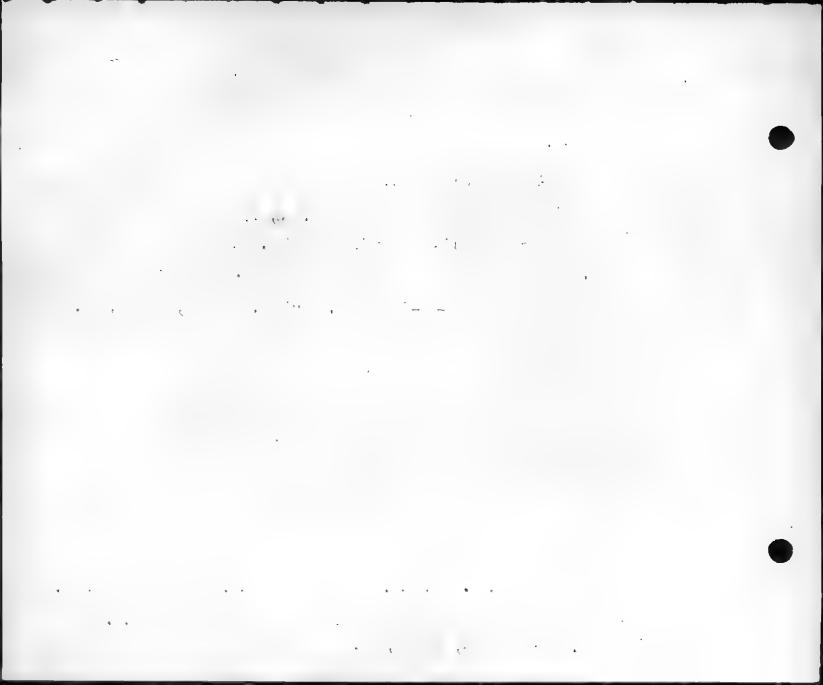


21	Ιt		IT OF HEALTH STON STREET, BAL	IMORE 1, N	ARYLAND	
R-STATE		97285 MEDICAL EXAMINER'S CERTIFIC	CATE OF DEA	ГН	87284	
HI PEY I.		PLACE OF DEATH  a. COUNTY  2. USUAL RESI	DENCE (Where deceased live	ed, If institutions Re	sidence before edmir	sslon)
	-	b. CITY OR TOWN of culture comprete limits I a LENGTH OF STAY IN 16	ryland WN (If outside corporate limits	Dor	chester	
or your epartme eath.		write RURAL and give nearest town)	mb ridge	Write RORAL and	diae menteri tomul	
he State Depe	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDI	RESS		e. IS RESIDE	
aller.	3	NAME OF First Middle Led	2 Glenburn A	vo.	YES NO	
		DECEASED (Type or print)	OF DEATH	Month	Day Year	
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH	9. AGE (In	years   IF UNDER 1 Y	YEAR IF UNDER 24 1	
	4.0	Male   White   widowed   Divorced   Aug. 2, 19	1 12	7 7 7		lin.
	dor	b. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Cambr.)		12. CITIZ	ZEN OF WHAT COUN	VTRY?
-	13.	FATHER'S NAME 14. MOTHER'S MAI			U.S.	
		Marcus Duke Smith, M.D. Mabel	Phillips			
	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. no. or nakown)   Ulyos piye waroz deles of service)		dred Lur		
2	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	mith, Round E	ay, Seve	INTERVAL BETWEE	
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute alcoholism			ONSET AND DEAT	Ĥ
		DUETO				
		Conditions, if any, which (b) (b)			-	
		(a), stating the underlying DUE TO (c)				
	질	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTO	PSY D?
	CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury	In Part Los Sad II of item 18 1		YES NO	
	E	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home Hour a.m. Not While Not While Not Organical Injury).	, farm, 20f. (City or town)	(Co uni	ly) (State	a)
	뜋.	p.m. 19 at work at work		-		
		21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes . Accident . Suicide . Homic			and in my opinio	on
			CAL EXAMINER	d manner [		
		SIGNATURE & CM ( MMy M.D. ASSISTANT	MEDICAL EXAMINER		DATE SIGNED	0
2		EXAMINERS	DICAL EXAMINER S		J-8-67	
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d, LOCATION (City,	town, or county)	(State)	
M.	00	Burial May 8,1967 Cambridge Cemetery  FUNERAL DIRECTOR.  ADDRESS	Cambridge	, Md.		
1	23	Eureth & Those as Cambridge, Md. MA	Y 9 1967	REGISTRAR'S SIG	NATURE UNGEL.	
, 4 <u>=</u>		BAT	1001			



### DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	97286	CEKTIFICATI	E OF DEATH OMOGE	-
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi	(on)
	a. COUNTY 7 //		a. STATE Manyland b. COUNTY Talbot	
	Talbox	MARYLANO		
	<ul> <li>CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	vn)
	Caston	10 years	Easton.	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	iospital, give street address)	d. STREET AOORESS 0. IS RESIDEN	ICE
	509 Pleasant Place		509 Pleasant Place YES NO.	-
3.	NAME OF First	Middle	Last 4. DATE Month Oay Year	
	(Type or print) David Strattor	i Stewart	DEATH Nay 8 1967	
5.	SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED 8	3. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 H last birthday) Months   Oays   Hours   Mi	
	male white WIDOWED	DIVORCED	Aug. 26, 1908 58 vrs. Months Days Hours Mi	B.
10a	USUAL OCCUPATION (Give kind of work done   10b. )		11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT	_
auri	Tarill Publisher, Interes	INDUSTRY Touching	Phila. Pa	
13.	FATHER'S NAME	Jane Trategory	14. MOTHER'S MAIOEN NAME	
	David R. Stewart		Rebecca M. Stratton	
1.5				
(Ye:	i, no, or unknown) { (If yes give war or dates of service)		INFORMANT Address	
	no   00	57-07-2716 Mr.	s. David S. Stewart, Easton, Nd.	
Ĭ	18. CAUSE OF DEATH [ Enter only one cause per	line for (a), (b), and (c).]	INTERVAL BETWEE	
	PART I. DEATH WAS CAUSED BY:	erminal an	Porthinia Onstart	Н
Н	1/200	Thursday Con	- Committee - Comm	_
1 }	OUE TO	T. D. 1-	P. + 1.	
	conditions, If any, which gave rise to immediate (b)	morcerou	men arren	_
	cause (a), stating the DUE TO			
1_1	underlying cause last. (c)			
le l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED	
FICATIO	mocaliefent	anten 2.	-20-67 YES 1 NO S	
E	20a. ACCIDENT WAS LINDERLYING . L 2019.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	*
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		· /	
EDICAL		INJURY OCCURRED   20e. PLAC		}
	Hour a.m. While p.m. 19 at wor	Not While	ry, street, office bldg., etc.)	
Σ			27 Dec , 1963 to 6 mg, , 1967, that (1) (we) !	ast
	saw the deceased alive on and a	2 1967, and that	death occurred at 1/3 M, from the causes and on the date stated abo	ve.
1	22a. SIGNATURE		22b. OATE SIGNED	
1 1	Supher 17. Carn	Les M.O.	ATTENOING MEO. STAFF DIRECTOR PHYS. D 5-9-67	
	22c. PHYSICIAN'S		22d. ADDRÉSS	_
	NAME (Type) Stephen P. Car	ney, M.D.	P.O. Box 929, Easton, Md.	
23a	BURIAL, CREMATION .: 23b. DATE THEREOF	1 23c. NAME OF CEMETERY		
0	emoval Burial 5/11/1967	0 0 0 0	emeteru Hempstead, N.Y.	
24	FUNERAL DIRECTOR	ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	MAURICE E. NEWNAM & SON.	aston, Ad.	14414	
	C. Nominia 301	,	DAMMAY 1 1 1967 fclionles Judge	



letay filled in by the tonerer orbon papers. Pages 1 and 2 art, within 72 hours ofter death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the Tablet

Page 4 moy be retained by the hospital or attending physician.

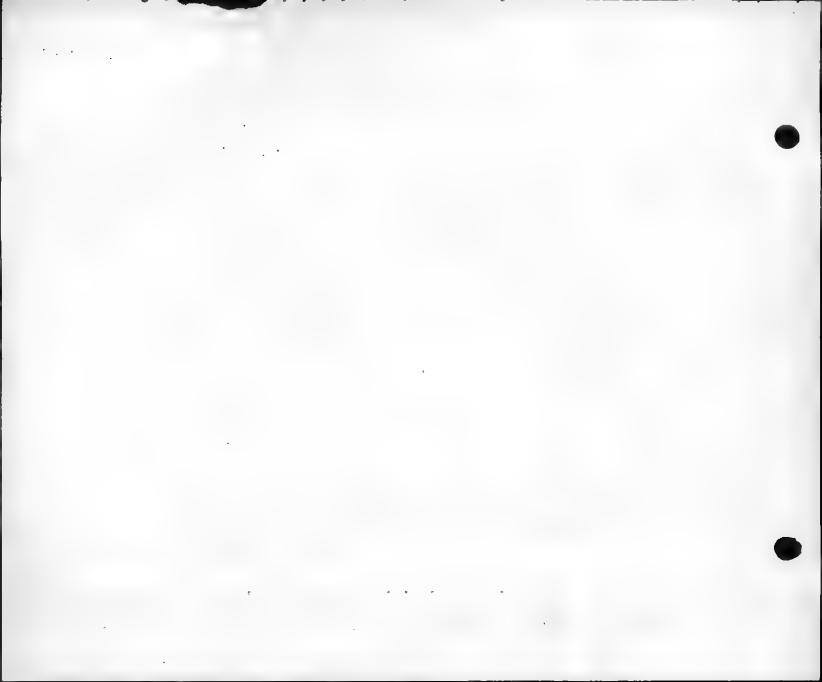
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 2301-Film 03/9-5/26/267 kg

L	97287	CERTIFICATE	OF DEATH	(	7266
	PLACE OF DEATH		2. USUAL RESIDENCE (When		. Residence before admission)
	a. COUNTY TAILST	MARYLAND	O. SIAICE ILARULA.	b. COUNT	DUFFN HNNES
	b. CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 15	c CITY OR TOWN (If butside	corporate limits, write RURA	and give neorest fown)
	write RURAL and give nearest town	24 Em.	(FATE	EVILLE 2	1617
	A NAME OF HOSPITAL OR INSTITUTION (If not in be	ospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE
L	Memorialt	OSDITA!	113 G/EL	I dale Ave	ON A FARM?  YES NO []
}	NAME OF First DECEASED	LVS PILING VAI	ni Ope do la 4.	DATE Month	Day Year
5	(Type or print) (7) 14-Cl	ARRIED NEVER MARRIED E	DATE OF BIRTH	9. AGE (In years	FUNDER TYEAR   IF UNDER 24 HRS.
ľ	1 11.7.		111	last burthday)	Months Days Hours Min
10	DIME ANTHE	DOWED DIVORCED	Jetaber 23,19		12 CITIZEN OF WHAT
dur	USUAL OCCUPATION (Give kind of work daneing most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto	ote, or toreign (ountry)	EGUNTRY2
	WIFE	Home		LON O BROOM	. U.S.H.
13	FATHER S NAME		14. MOTHER'S MAIDEN NAM		
	HENRY FILLING		EdNA &	EMMINO	
15	WAS DECEASED EVER MUS ARMED FORCES? s, na, 93,04known) (If yes give war or dotes of servi	16. SOCIAL SECURITY NO 17. II	NFORMANT HUSBAN	Address	1 11 01 1
178	s, na, or unknown) (if yes give war or dores or servi	"134-05-0723 RA	On R. VANDRO	dale ( Fattle	Eville Md.
	1B. CAUSE OF DEATH (Enter only one couse per	line far (o), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	Cerebral to	bromposis.	with her	ONSET AND DEATH
	IMMEDIATE CAUSE (a) DUE TO	<u> </u>		7,000	
	Conditions, if any, which gave ) (b)	plegia			48 hours
	rise to immediate cause (a),	3			
	stating the underlying cause (c)	Canadaal an	teriosele	h Olii.	Unknow
		DI YEAR TO DESTRUCT DIT NOT BELLETED TO Y		ON COMEN IN DARK IV-1	19 WAS AUTOPSY
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO BEATH BUT NOT KELATED TO T	HE TERMINAL DISEASE CONDITI		PERFORMED?
S.	harner &	Lowers	mulk a	ecites	YES NO TE
CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in Part	I or Part II of item IB.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year		E OF INJURY (Home, form,	20f (City or town)	(County) (State)
MED	Havra m. p.m. 19	While Nat While of foctor	ory, street, affice bldg , etc.)		
П	21. I certify that (I) (this hospital)		. 19	210	, 19, that (I) (we) la
	saw the deceased alive on	19 , and that	death accurred of	5 M from couses of	nd on the date stated abov
	22a. SIGNATURE		/	112111, 110111 240303 01	22b DATE SIGNED
	Robert W.	Trever MD	1 111 21	ECTOR STAFF	SED SYSTE STORED
	22c. PHYSICIAN'S	P 14 D	22d. ADDRESS	24 2 -	
	NAME (Type) Robert W.	Frever, M.D.	Laston,	Maryland	
230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	REMATORY	23d LOCATION (City or Town	i) (County) (State)
200	BURIAL Specify) Alay 26.19	967 Wood (ANN CE	METERU	East Hamburg	, Co. of Erie , M
24	FUNERAL DIRECTOR	ADDRESS.	25 REC'D BY		STRAR'S SIGNATURE
170	mul H. Besting - Seiters	Some Centimolde, A	Q DATMAY	26 1967 80	Circles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and comblete director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carb should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event. VR AT5 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finist tution Residence before admission) o. COUNTY P COUNTA Page 9 MARYLAND deloy Deportment after dea CITY OR TOWN (If c LENGTH OF STAY IN 16 c CITY OR TOWN ite RURAL and give negrest town) P.M3 write RuRAL and a ve nearest SOMI e IS RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) hours Poges Stote ( NO P 24 hours after death NAME OF Midd e Last 4 DATE Manth Day Year DECEASED OF with the 8. Give 1902 within (Type or print) DEATH olong NEVER MARRIED 5 SEX DLOR OR RACE YEAR AGE IF UNDER FUNDER 24 HRS 7. MARRIED n years last b rthday) Months Hours W DOWED DIVORCED event CV lond On USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT foreign country) during most of working life, even if retired) INDUSTRY any poges in any rd "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME be executed within F.fe and (Yes, no, ar unknown) (If yes give war ar dates of service) removal 18 CAUSE OF DEATH (Enter only one cause per ine for (a) NTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (a) This certificate should Word cremation, DUE TO e, writing the wol forwarded to the Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse 0 last 0.5 bur al, 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION PERFORMED? YES. NO 0 should be 20g EXTERNAL CAUSE WA 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Health or its designated agent, prior PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJRY Month, Day, Year 20e PLACE OF INJURY (Home, form 20f (City or fown) (County) (State) Haur a.m While Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work at work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry 🔊 and in my apinian the funerol director. death resulted fram: Surcide Natural causes Accident Hamicide Undetermined manner X may be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORS BURIAL CREMATION. LOCATION (City or Town) (County) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR VR A15ME 6M 1/66



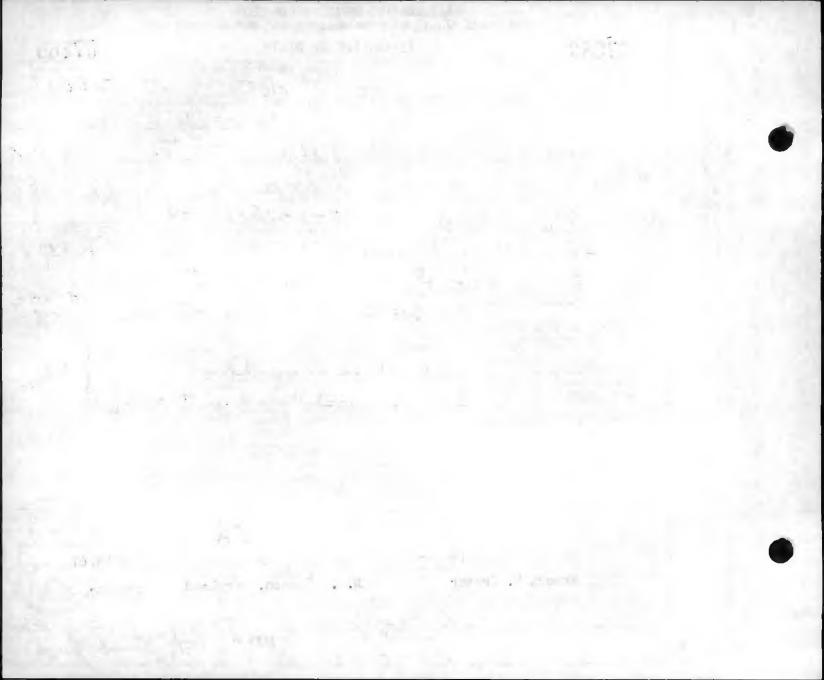
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07283	CERTIFICATE OF DEATH	07268
		PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, o. STATE	if institution: Residence before admission) b. COUNTY + 1 R +
		b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OE STAY IN 1b c. CITY OR TOWN (If outside corporate limits,	write RIRAL and give nearest town)
		write RURAL and give nearest town)	XI 8dA. OXFOAD	201
	(	I NAME OF HOSPITAL OR INSTITUTION (If not		e. IS RESIDENCE ON A FARM?
		Memorial	HOSPITAL MARTET	YES NO
		NAME OF First PECEASED (Type or print) JAmes	ENLIPED WISON 4. DATE OF DEATH	Month Doy Year 3 / 7 19 6 7
	5. 5	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8. DATE OF SIRTH WIDOWED DIVORCED 4-1-1888	yeors IF UNDER YEAR IF UNDER 24 HRS.  Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign cour	itry) 12. CITIZEN OF WHAT
	duri	ng most of working life, even if retired)	INDUSTRY ARILY TALBOT, M	D- COUNTRY? SA
Į	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		MOBEAT 1	VILSON MAAY BI	ENTLEY
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of	Service) 16. SOCIAL SECURITY NO. 17. INFORMANT	Address OFFORD
		18. CAUSE OF DEATH (Enter only one couse	per line for (o), (b), and (c).)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ONSET AND DEATH
		LO I DE TO		71.4
		Conditions, if any, which gave nise to immediate couse (a).		1 ant
		stoting the underlying couse last.	7	ropply ) now
50	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	IT I(o) I9. WAS AUTOPSY PERFORMED?  YES NO
	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ite	m 18.)
	MEDICAL	20c TIME OF INJURY Menth, Doy, Year Hour o.m. 19	20d. MyfuRY OCCURRED While Not While of work of two work of the wo	town) (County) (Stote)
			tol) ottended the deceosed from, 19, to	couses and on the date stated above
		220. SIGNATURE Roberts	W. Trever M.D. ATTENDING DY MED. ST DIRECTOR PH	AFF 22b. DATE SIGNED 5/19/67
/		22c. PHYSICIAN'S Robert W. 1	rever N.D. 22d ADDRESS Easton, Maryland	5/1.9/67
	230	BURIAL, CREMATION, 236. DATE THER	EOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (	City or Town) (County) (Stote)
			-1967 TAADDE TRADP	E-TALBOT MO
0	24	FUNERAL DIRECTOR .	ADDRESS 250 REGISTRAR AND ATE 24 1967	25b. REGISTRAR'S SIGNATURE
	-	NOVANIEL L	meral Hollet DAIL	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4 25M 1/67



# FOR ST amy delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, crematian, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07269

1. PLACE OF DEATH	1				2. USUAL RESIDENCE (	Where deceased live		sidence before	odmission)
o. COUNTY	TALBOT	O. STATE MARYLAND 6. COUNTY CAROLINE							
b. CITY OR TOWN	(If outside corporate limits,	,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If or	utside corporate limi	ts, write RURAL on	d give neorest	town)
"EAST	and give nearest town)				DEI	NTON RD	3	/	52
d. NAME OF HOSE	PITAL OR INSTITUTION (If not	in hospital, g	ive street oddress)		d. STREET ADDRESS			0	. IS RESIDENCE ON A FARM?
MEMOR	RIAL HOSP.							Y	ES NO X
3. NAME OF DECEASED (Type or print)	WILL	ÅM	ROGER		WR IGHT	4. DATE OF DEATH	MAY	24	Year 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9. AGE	(In years IF U	NDER I YEAR	IF UNDER 24 HRS. Hours Min.
MALE	NEGRO	WIDOWED	DIVORCED		FEB.5,18'	75 92	2 yrs.	ths Doys	Hours Min.
	ON (Give kind of work done ng life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote MD	or foreign country)		2 CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	JOHN WESLE	Y WRI	GHT		14 MOTHER'S MAIDEN DEMORE	NAME TT HENR	IETTA B	ELL	
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17. 18	IFORMANT		Address		
(Tes, no, or unknown	(If yes give wor or dotes of	service)		H	OSP. REC	ORDS 19	51 TO D	ATE	
18. CAUSE OF	DEATH (Enter only one cous	e per line for	(o), (b), and (c).)					INTE	RVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	ol INT	ESTINAL C	DBST	RUCTION_			ONS	ET AND DEATH
153									
Conditions, if a		(b) CA	OF CULUI	A					
stating the une		10							
last.		(c)							
FART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELAT	TED TO TI	HE TERMINAL DISEASE CO	NDITION GIVEN IN P.	ART I(0)	19.	WAS AUTOPSY PERFORMED?
2					TION-NO			ORMEDX	ON KK
CAUSE OF DEATH	CONTRIBUTING	20b. DE		,	Enter noture of injury in 43 A.M.	Port I or Port II of	tem 18.)		
20c. TIME OF II	NJURY Month, Day, Year o.m., p.m. 19	20d IN While pt work	Not While		E OF INJURY (Hame, formander, street, office bldg., etc.		or town)	(County)	(State)
21. I cert	ify that I tack charge	of the rem		ove, hel	d an Autopsy & x.	Inspection	, Inquiry	, and	in my opinian
		l causes			de , Homicide		mined monne		
4551141	10 1	(7)	Sept.		CHIEF MEDICAL	EXAMINER			
SIGNATURE	down.	1 Ul	Nelly		m.v.	DICAL EXAMINER			2. DATE SIGNED
EXAMINER'S NAME (Type)			)		F O REPUTY MEDIC	AL EXAMINER (x)	atu.)	5-	25-67
23g_BURIAL, CREMA	TION. 23b. DATE THE		WELTY 23c, NAME OF CEMET	ERY OR C			(City or Town)	(County)	(Stote)
SREMOVAL ISPOR			BELLS	Ch	HAPBZ	Zou, Location	Car	OLENE	
24. FUNERAL DIREC		h	ADDRESS			2 9 EG 1967	25 BEGISTRA	RS SIGNATURE	1 .
Man	all su	o the	> Yento	1	DATE	M 9 1001	1	A King	7

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DATE OF THE STREET OF THE STREET OF THE ----